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## **COVER LETTER**

TO: Registration S Division of Co				
HOME2H	OME LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	MANISH VERMA			
		Name of Person	<del></del>	
		Firm/Company		
	8609 BOM. C.L			
		Address		
	ORLANDO FL 32836			
	BAIG@HWCPAFL.COM	City/State and Zip Code		
For further information of	E-mail address: (concerning this matter, please e	to be used for future annual report not all:	ification)	
MANISH VERMA		775 770-8479		
Name c	of Person	at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	rporations	
P.O. Box 6327 The Centre of Tallahassee		Fallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME2HOME LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on ou</mark> Liability Company)	r records,)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000399665</u> .	were filed on $\frac{09/13/202}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8609 BOW CT	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32836	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		1.11
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	s, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	, Florida Ziv Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBIN VERMA	8609 BOW CT	<b>=</b> Add
		ORLANDO FL 32836	Remove
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Effective date, if other than the fan effective date is listed, the date must be a factor of the date must be a factor of the fa	a be specific and can	not be prior to date	of filing or more than	90 days after filin	g.) Pursuant to 605,0207
Note: If the date inserted in this blocument's effective date on the D	ock does not meet epartment of State'	the applicable st 's records.	atutory filing requi	rements, this dat	e will not be listed as
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record specifies a delayed effective	e date, hut not an e	Ifective time at	12:01 a.m. on the a	earlier of: (b) = 3	'he 90th day after the
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Dated 21 SEPTEMBER	20	)22			
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