

L230000 4249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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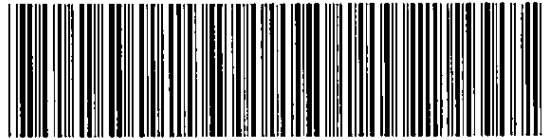
(Business Entity Name)

(Document Number)

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DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

2023 MAR 23 PM 2:57

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME LOVERS USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE SKINNER

Name of Person

Firm/Company

8805 NW 11TH AVE

Address

DORAL FL 33178

City/State and Zip Code

jorgeskiller@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE SKINNER

786

715-6381

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOME FLOWERS, S.C., LLC

Name of this company: Liability Company as it now appears on our records,
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12-29-2022 and assigned
Florida document number: 12000000249

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature or 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of me as a registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to change the registered office address, I hereby confirm that the limited liability company has been notified in writing of my change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persons 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>	<u>Address</u>	<u>Type of Action</u>
MGR	AKOUSTIS	8805 NW 111TH AVE	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	PAKLINE SERVICES LLC	8805 NW 111TH AVE SUITE 204	☒ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 11 2023

[Signature]
Member or authorized representative of a member

[Blank line]
Typed or printed name of signee