L23000433

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(Address)				
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(Business Entity Name)				
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COVER LETTER

TO: Registration Se Division of Cor			
DH3VI7"E SUBJECT:	.LC"		
SODSTAT.	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Vladimir Dudarev		
		Name of Person	_
	DH3VI7"LLC"		
		Firm/Company	_
	5604 Kingletsound Pl		
		Address	_
	Lithia Fl 33547		
		City/State and Zip Code	-
	Dudarevvladimir46@gmail		
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please c	att:	
Vladimir Dudarev		954 4105623	2024 SEC TA
Name o	f Person	Area Code Daytime Telephone Numb	2024 NOV 25 SECRETARY TALLAHA
Enclosed is a check for the	ne following amount:		24 NOV 25 PM ECRETARY OF TALLAHASSEE
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	riling Fee. W. G. Sate of Statusses
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	

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

DH3VI7"LLC"		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000423532</u>	were filed on	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:	
HomeGlow Renovations LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5604 Kingletsound Pl	
(Principal office address MUST BE A STREET ADDRESS)	Lithia Florida 33547	
Enter new mailing address, if applicable:	5604 Kingletsound PI	Ss 20
(Mailing address MAY BE A POST OFFICE BOX)	Lithia Florida 33547	P C Z
		Z
B. If amending the registered agent and/or registered office :	address on our records anton the	18. CS
agent and/or the new registered office address here:	iddress on our records, enter the r	71 -71
		3: 0 STA
Name of New Registered Agent:		- ' 표 ㅇ
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City:	Zip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□ Add
			□Remove
		 	☐ Change
			□Add
			□Remove
			□Change
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			SECHETAFE OF STATE OF
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			L DAJIG
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			☐Change
			□Add
			□Remove
			⊡ Change

Typed or printed name of signee