

L24000018667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

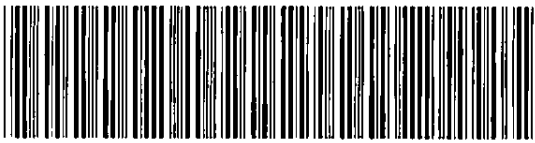
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home Specialist Team LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose A Quijano

\_\_\_\_\_  
Name of Person

Home Specialist Team LLC

\_\_\_\_\_  
Firm/Company

130 Tobias St

\_\_\_\_\_  
Address

Port Charlotte, FL 33954

\_\_\_\_\_  
City/State and Zip Code

histech1@gmail.com

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

2024 SEP 19 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jose A Quijano

239

8879393

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 Specialist Team LLC

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/17/2024 and assigned  
Florida document number 1.24(XXX)18667.

This amendment is submitted to amend the following:

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

~~HOME SPECIALIST TEAM LLC~~

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:**

130 Tobias St. Port Charlotte, FL 33954

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

130 Tobias St. Port Charlotte, FL 33954

**(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:

Jose A. Quijano

New Registered Office Address:

130 Tobias St

*Enter Florida street address*

Port Charlotte

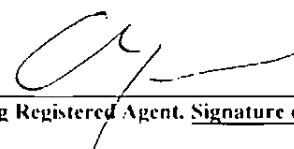
*City*

Florida 33954

*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 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>	<u>Address</u>	<u>Type of Action</u>
Pre	Jose A. Quijano	130 Tobias St, Port Charlotte, FL 33954	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Claudia Salfran Moreira	130 Tobias St, Port Charlotte, FL 33954	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alejandro Perez Jr.	18055 SW 188 St, Miami, FL 33187	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FL  
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SECRETARY OF DEFENSE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

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SECRETARY OF DEFENSE  
TALLAHASSEE, FL

**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 September 17, 2024

Jose A. Quijano. (President)

Typed or printed name of signee