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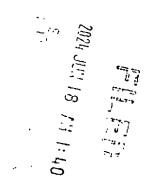
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COVER LETTER

1,

	Registration S Division of Co.					
SUBJECT	HOME SO	LUTIONS RENOVATIONS	AND CLEANING, LLC			
30byEC	·	Name of Lu	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please rett	ırn all correspo	ondence concerning this matter	to the following.			
		OSWALDO BOHORQUEZ				
	Name of Person					
HOME SOLUTIONS RENOVATIONS AND CLEANING, LLC						
Firm Company						
	1288 YELLOW FINCH DR					
			Address			
DAVENPORT, FL., 33837						
			City/State and Zip Code	· . · · · · · · · · · · · · · · · · · ·		
		HOMESOLUTIONSFLLC	•			
		E-mail address: (to be used for future annual report not	ification)		
For further	information e	oncerning this matter, please c	all:			
OSWALDO BOHORQUEZ			407 8445993 at()			
Name of Person				ne Telephone Number		
Enclosed is	s a check for th	ne 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)		
	lailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME SOLUTIONS RENOVATIONS AND CLEANING, 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 04/24/2024 and assigned Florida document number L24000192513

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 "LLC".

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 BON)

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 i	uddress
		_, Florida _
	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, 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>	Type of Action
AMBR	OSWALDO J BOHORQUEZ	1288 YELLOW FINCH DR. ĐAVENPORT, FL 328.	87 _ □Add
			_ □Remove
			_ 🖃 Change
AMBR	GABRIELA V QUERALES	1288 YELLOW FINCH DR. DAVENPORT, FL 3383	_ , , ,
			_ □Remove
			_ ■ Change
			_ □Add
			_ □Remove
			_ □Change
			_ = Add
			_ □Remove
			_ Change
			_⊡Add
			□Remove
			☐Change
		·	□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated __ Signature of a member or authorized representative of a member OSWALDO J BOHORQUEZ Typed or printed name of signee