

L240000192513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

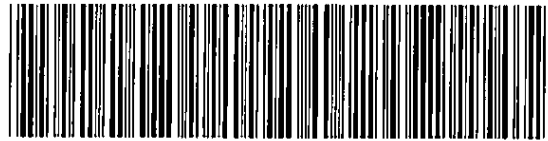
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2024 JUN 18 AM 11:40

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOME SOLUTIONS RENOVATIONS AND CLEANING, 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.

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@GMAIL.COM

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

For further information concerning this matter, please call:

OSWALDO BOHORQUEZ

407

8445993

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

HOME SOLUTIONS RENOVATIONS AND CLEANING, LLC

**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>
AMBR	OSWALDO J BOHORQUEZ	1288 YELLOW FINCH DR. DAVENPORT, FL 32837	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GABRIELA V QUERALES	1288 YELLOW FINCH DR. DAVENPORT, FL 33837	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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 JUNE 11, 2024

Oswaldo Bohorquez

Signature of a member or authorized representative of a member

OSWALDO J BOHROQUEZ

Typed or printed name of signee