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COVER LETTER

TO:

TO: Registration S Division of Co		
SUBJECT:	HOME RENOVA	ATIONS OF TAMPA LLC
SOBSECT.	Name	of Limited Liability Company
The enclosed Articles o	f Amendment and fee(s) a	re submitted for tiling.
Please return all corresp	ondence concerning this n	natter to the following:
	EDW	IN A GONZALEZ LEAL
		Name of Person
	HPME 1	RENOVATIONS OF TAMPA CCC
		Firm/Company
	1916	BRIDGEHAMPTON PC
	1110	Address
	3.1	DANDON EL 37511
	<i></i>	City/State and Zip Code
		ME RENOVATIONS OF TAMPA COM
		fress: (to be used for future annual report notification)
For further information	concerning this matter, ple	ease call:
EDW/N (GONZALEZ	at (786) 277 4378 Area Code Daytime Telephone Number
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Stat	
Mailing Addre		Street Address:
Registration Division of	Section Corporations	Registration Section Division of Corporations
P.O. Box 63	27	The Centre of Tallahassee
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Florida document number L 25000 23		94 /2 , 202 / and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here	
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
<u> Principal office address MUST BE A STRE</u>	SET ADDRESS)	
	-	
ntor now mailing address if applicable.		
• • • • • • • • • • • • • • • • • • • •	E BOX)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	
Mailing address MAY BE A POST OFFICE		
Mailing address MAY BE A POST OFFICE	registered office address on our reco	,
Mailing address MAY BE A POST OFFICE	registered office address on our reco ress here:	rds, enter the name of the new regi
Mailing address MAY BE A POST OFFICE	registered office address on our reco	rds, enter the name of the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our recoress here: EDWIN A GONZALEZ LE 1916 BRIVSEHampfon PL E	rds, enter the name of the new reginal content of the new region content of
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our recoress here: EDWIN A GONZALEZ LE	rds, enter the name of the new reginal content of the new region content of

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>	Address	Type of Action
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			□Change
(EO	EDWIN GONZALEZ LEAL	1916 BRIDGE HAMPTON DL BRANCHO	
			ZRemove
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an effecti	ive date is list	ted, the date mu	ist be specific ai	nd cannot be pri-	or to date of fi	ling or more th	an 90 days after	o trary Tiling.) Purșuar	nt to 605,020
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Typed or printed name of signee