

M200000006826

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617 6383

From: Account Name : INCORP SERVICES INC
Account Number : 120120000007
Phone : (702) 866 2500
Fax Number : (702) 866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 SEP -4 AM 10:10

2020 SEP -4 PM 12:06

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOMEMIX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

V. SUIKER
SEP 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HOMEMIX, LLC**
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanissa Moon
Name of Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Parkway Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanissa Moon for Incorp Services, Inc. at (702) 866-2500
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
 STATE DEPT OF STATE
 20 SEP -1 11:10:11

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HOMEMIX, LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M20000006826

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/06/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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 Address

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 Changing Registered Agent, Signature of New Registered Agent

FILED
SEP 11 2020
TALLAHASSEE
FLORIDA
20 SEP 11 10 11 AM '20

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity Name Address Type of Action

Manager Mark Schacknies 1900 GALLOWS RD STE 775,VIENNA, VA 22182 Add

_____ Remove

Manager Kevin Gioia 1900 GALLOWS RD STE 775,VIENNA, VA 22182 Add

_____ Remove

Add

_____ Remove

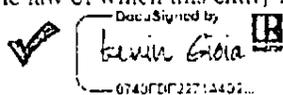
Add

_____ Remove

Add

Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 DocuSigned by
Kevin Gioia
0749DF22714452... are of the authorized representative

Kevin Gioia

Typed or printed name of signee

Filing Fee: \$25.00