

L20 000 196661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

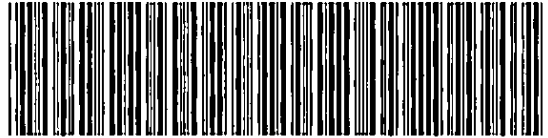
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/12/20  
A handwritten signature or initials, possibly 'SA', enclosed in a circle.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOMES SERVICES OF BOCA GRANDE "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:

Yvonne Fiorini  
Name of Person

2150 S. McCall Road  
Firm/Company

Englewood, FL. 34224  
Address

City/State and Zip Code

Yvonneofwha@gmail.com (OR) Homeservicesofbg1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Fiorini at (401) 527-1919  
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 SERVICES OF BOCA GRANDE "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 July 9, 2020 and assigned Florida document number L20000196661.

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 "L.L.C."

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 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:

HOME SERVICES OF BOCA GRANDE "LLC"

New Registered Office Address:

2150 S. McCall Road

Enter Florida street address

Englewood

City

Florida

34224

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.

James Finnie

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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>
	GRANDE CONCIERGE "LLC"		<input type="checkbox"/> Add
	Richard Malcolm		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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OFFICE OF THE CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN  
LANSING

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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FILED  
2020 OCT -5 PM 14 18  
CLERK OF THE COURT  
HONOLULU, HAWAII

**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

\_\_\_\_\_  
Typed or printed name of signee