



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Total Home Protection, 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:

Katrina Hamilton

Name of Person

Total Home Protection, LLC.

Firm/Company

12421 North Florida Avenue Suite 209

Address

Tampa, Fl. 33612

City/State and Zip Code

totalhomeprotection1@gmail.com

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

For further information concerning this matter, please call:

Katrina Hamilton

813 468-7470  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Total Home Protection, 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 20th, 2015 and assigned  
Florida document number L15000123420

FILED  
2015 AUG 24 P 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**

12421 North Florida Avenue, Suite 209

Tampa, Fl. 33612

**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:

Katrina M. Hamilton

New Registered Office Address:

12421 North Florida Avenue Suite 209

*Enter Florida street address*

Tampa

*City*

Florida

33612

*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

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>                      |
|--------------|----------------------|----------------------------------|--|
| MGR          | Katrina M. Hamilton  |                                  | <input type="checkbox"/> Add               |
|              |                      |                                  | <input type="checkbox"/> Remove            |
|              |                      | 1701 Lake Crest Avenue, Brandon, | <input checked="" type="checkbox"/> Change |
| CEO          | Davinia M. Banks     |                                  | <input type="checkbox"/> Add               |
|              |                      | 4614 Stengal Loop #302 Wesley Cl | <input checked="" type="checkbox"/> Remove |
|              |                      |                                  | <input type="checkbox"/> Change            |
| DIR          | Anthony W. Guinn Sr. |                                  | <input type="checkbox"/> Add               |
|              |                      | 4614 Stengal Loop #302, Wesley C | <input checked="" type="checkbox"/> Remove |
|              |                      |                                  | <input type="checkbox"/> Change            |
|              |                      |                                  | <input type="checkbox"/> Add               |
|              |                      |                                  | <input type="checkbox"/> Remove            |
|              |                      |                                  | <input type="checkbox"/> Change            |
|              |                      |                                  | <input type="checkbox"/> Add               |
|              |                      |                                  | <input type="checkbox"/> Remove            |
|              |                      |                                  | <input type="checkbox"/> Change            |
|              |                      |                                  | <input type="checkbox"/> Add               |
|              |                      |                                  | <input type="checkbox"/> Remove            |
|              |                      |                                  | <input type="checkbox"/> Change            |

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