L15000123420

(Re	equestor's Name)	
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AUG 25 2015

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COVER LETTER

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T	O: Registration Division of C			
CI		ome Protection, LLC.		
Sυ	DBJECT:	Name of Limit	ed Liability Company	· · ·
Th	ne enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Ple	ease return all corres	spondence concerning this matter to	o the following:	
		Katrina Hamilton		
			Name of Person	
,		Total Home Protection, LLC	С.	
		W-1-2-11-1	Firm/Company	***************************************
		12421 North Florida Avenu	e Suite 209	
			Address	
		Tampa, Fl. 33612		
			City/State and Zip Code	
		totalhomeprotection1@gmai		
	•	E-mail address: (to	be used for future annual report notif	ication)
Fo	r further information	n concerning this matter, please cal	l:	
Ka	atrina Hamilton		813 468-7470 at ()	
	Nam	e of Person		Telephone Number
En	closed is a check fo	r 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

(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 Florida document number L15000123420 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 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Name of New Registered Agent: Katrina M. Hamilton	Total Home Protection, LLC.		
The Articles of Organization for this Limited Liability Company were filed on July 20th, 2015 Find Articles of Organization for this Limited Liability Company were filed on July 20th, 2015 Find Articles of Organization for this Limited Liability Company were filed on July 20th, 2015 Find Articles of Organization for this Limited Liability Company were filed on July 20th, 2015 Find Articles of Organization for this Limited Liability Company were filed on July 20th, 2015 Find Articles of Organization for the July 20th, 2015 Find Articles of Organizati	(Name of the Limited I. (A I	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)
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 center 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) Tampa, Fl. 33612 B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Katrina M. Hamilton 12421 North Florida Avenue Suite 209		lity Company were filed on July 20th, 2015	and assigned
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Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Tampa, Fl. 33612 B. If amending the registered agent and/or registered office address on our records, enter the name egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Name of New Registered Agent:	ew principal offices address, if applicable	e:	" or the abbreviation "L.L.C."
Tampa, Fl. 33612 Tampa, Fl. 33612 If amending the registered agent and/or registered office address on our records, enter the name agistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 12421 North Florida Avenue Suite 209	u office authess MOST BE A STREET A	<u></u>	
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Name of New Registered Agent: New Registered Office Address: New Registered Office Address: 12421 North Florida Avenue Suite 209	g address MAY BE A POST OFFICE BO	Tampa, Fl. 33612	
New Registered Office Address: 12421 North Florida Avenue Suite 209	ed agent and/or the new registered office	e address here:	s, enter the name of the
New Registered Office Address.	Name of New Registered Agent:	Nauma W. Hammon	
Enter Florida street address	New Registered Office Address:		
	,		
$\frac{\text{Tampa}}{\text{City}}, \text{ Florida} \frac{33612}{\text{Zin Co}}$		Tampa , Flo	orida 33612 Zin 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.

f 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
MGR	Katrina M. Hamilton		Add
			□ Remove
		1701 Lake Crest Avenue, Brandon,	■ Change
CEO	Davinia M. Banks		Add
		4614 Stengal Loop #302 Wesley Cl	■ Remove
			Change
DIR	Anthony W. Guinn Sr.		Add
		4614 Stengal Loop #302, Wesley C	■ Remove
			☐ Change
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: If the date inserted in this blue ment's effective date on the D	et date of filing: st be specific and cannot be prior to date of filing or mo lock does not meet the applicable statutory filing repartment of State's records. d effective date, but not an effective times.	g requirements, this date will not be lis
e 90th day after the rec	ord is filed.	,
August 17th	2015	
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Katural 9	Honu	
Katsinal 9	Signature of a member or authorized representative of	of a member CC ST A THE
Katrina M. Hamilton		UG 2U HASSE
	Signature of a member or authorized representative of a member or authorized representative of Typed or printed name of signee	of a member AUG 2U P

Filing Fee: \$25.00