To: 8506176383

5/17/2019



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001619743)))



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Division of Corporations

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Account Name : FRESH LEGAL PERSPECTIVE, PL

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

Email Address: Contact@BLTFL.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WRIGHT AT HOME DOMESTIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

D SCOTT

MAY 22 2019

(((H19000161974 3)))

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5/17/2019

Division of Corporations

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Corporate Filing Menu

Help

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From: Contact Fresh Legal Perspective

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COVER LETTER

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oud lez	T1.		Home Domestic, LLC				
SOBJEC	. 1 ;	Name of Limited Liability Company					
			Amendment and fee(s) are subt				
Please re	turn	all correspo	ndence concerning this matter (to the following:			
			Keathel Chauncey, Esq.				
			<u></u>	Name of Person		_	
			Fresh Legal Perspective, P.	L			
	Firm/Company					_	
			6930 W Linebaugh Ave.):, [22:3 PAT
				Address			Ä.
			Tampa, FL 33625				(2)
	City/State and Zip Code Contact@BLTFL.com					→ ;	
	E-mail address: (to be used for future annual report notification)					٠.	? ?
For furth	her ii	nformation c	oncerning this matter, please ca	ail:			٩
Keathel	l Cha	iuncey		813 448-1042			
		Name o	f Person	at () Area Code Daytime	e Telephone Numb	er	
Enclose	d is a	a check for th	he following amount:				
		Filing Fee \$30.00 Filing Fee & Certificate of Status		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	cate of ed Cop	Status &
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURI Registration Section Division of Corpor	off				

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

(((H19000161974 3)))

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wright At Home Domestic, LLC (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{\Delta t}{2}$		and	assigned	
lorida document number L19000090179				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability company h	ie <u>re</u> :			
		bintior	"" 1 C"	
Wright At Home Domestic Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLU" or the	anoreviation	L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		_		
(i) there is a state of the sta				
	•			
B. If amending the registered agent and/or registered office address	on our records, en	ter the m	tine or say	
registered agent and/or the new registered office address here:		· .]	> :	
		4	ب س	
Name of New Registered Agent:				
New Registered Office Address: Enter	Florida street address			
	, Florid	Florida		
City	, r to ru	Zip	Code	
·				

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

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	AMBR = Authorized Member						
<u>Title</u>	Name	Address	Type of Action				
			🗆 Add				
			☐ Remove				
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(((H190001619743))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 May 1 2019 Signature of a member or authorized representative of a member Keathel Chauncey, Esq.

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Typed or printed name of signee

Filing Fee: \$25.00