

L22 0000 11884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

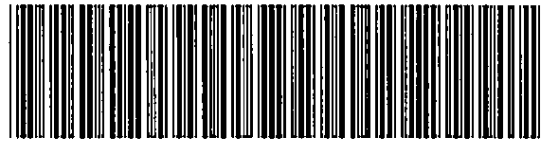
(Business Entity Name)

(Document Number)

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2022 APR 20 AM 8:07  
STATE OF FLORIDA  
TALLAHASSEE, FL

FILED

of 12

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Our Home Solution 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:

Jimmy Sengchanh  
Name of Person

Our Home Solution LLC  
Firm/Company

4645 21st Ave N  
Address

St. Petersburg, FL 33713  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jimmy Sengchanh at (865) 246-8102  
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

FILED

Our Home Solution LLC

2022 APR 20 AM 8:07

(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 01/04/2022 and assigned Florida document number L22000011884.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Our Home Solutions LLC

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: \_\_\_\_\_

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

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>                   |
|--------------|--------------|-----------------------------|---|
| AMBR         | Kayla Larsen | 4645 21 <sup>st</sup> Ave N | <input checked="" type="checkbox"/> Add |
|              |              | St. Petersburg, FL 33713    | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |
|              |              |                             | <input type="checkbox"/> Add            |
|              |              |                             | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |
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|              |              |                             | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |

