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(Requesto	r's Name)
(Address)	
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(Business	Entity Name)
(Documen	t Number)
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COVER LETTER

TO:	Registration Sect Division of Corpo					
CHIDI	ECT: 4YOU HOM	E SERV	ICE LLC.			
SOBJ	CI.		Name of Lim	ited Liability Company		
The en	closed Articles of A	mendme	nt and fee(s) are sub	mitted for filing.		
Please	return all correspond	dence co	ncerning this matter	to the following:		
		DUS	AN KRUTILEK			
				Name of Person		
				Firm/Company		
		1267	Circlewood Dt.			
				Address		
		Melbo	ourne,FL 32935			
				City/State and Zip Code		
		dkrutil	ek@seznam.cz	to be used for future annual rep	art notification)	
For fu	ther information cor	ncerning	this matter, please c		ort notification)	
Dusan	Krutilek			at (321) 45800	380	
	Name of F	erson		Area Code	Daytime Telephon	e Number
Enclos	sed is a check for the	followin	ng amount:			
■ \$ 2	5.00 Filing Fee		.00 Filing Fee & entificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ni)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporation		Division of The Centr 2415 N. N	ress: on Section of Corporation re of Tallahass Monroe Street, ree, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4YOU HOME SE	RVICE LLC.			
<u> </u>	Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for	r this Limited Liability Company	were filed on SEBTEM	IBER 20, 2022	_ and assigned
Florida document number L220	0410842			
This amendment is submitted to	amend the following:			
A. If amending name, enter the	he new name of the limited lial	bility company here:		
The new name must be distinguishable	and contain the words "Limited Liab	ility Company," the designati	ion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUS	T BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
			 	<u> </u>
				TCR P
Enter new mailing address, if	applicable:			<u> </u>
(Mailing address MAY BE A F	OST OFFICE BOX _i			ECRETARY O
				<u> </u>
				E ST
B. It amending the registered agent and/or the new register	agent and/or registered office ed office address here:	address on our records	i, enter the name (of the new registered
Name of New Registe	теd Agent:			
New Registered Office	o Address:			
New Registered Office	z Addiess.	Enter Florida stre	ret address	
			Florida	
		City		Zip Code
New Registered Agent's Signatu	ire, if changing Registered Agent	<u>:</u>		
provisions of all statutes relat accept the obligations of my p	ent as registered agent and age tive to the proper and complete position as registered agent as change in the registered office writing of this change.	e performance of my di provided for in Chapte	ities, and I am fan er 605, F.S. Or, if	niliar with and this document is

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>	Name	Address	Type of Action
MGR	DUSAN KRUTILEK	1267 CIRCLEWOOD DR.	⊟Add
		MELBOURNE ,FL 32935	□Remove
			Change
			□ Add
			□Remove
			□ Change
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in effe ote:	ective date is l If the date ir	isted, the date ascrted in thi	the date of filing: must be specific and ca is block does not med be Department of State	annot be prior to o et the applicabl	date of filing or me	ore than 90 days af		
ecore is fil		delayed effe	ective date, but not ar	ı effective time	:, at 12:01 a.m. o	on the earlier of:	(b) The 90th d	ay after the
ited _	OCTOBER	4	•	2022				
			Pason	July 1	//x			
			Signature of a me	mber or authoriz	ed representative	of a member		