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.

(((H170000492513)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LICENSES ETC INC Account Number : 120070000159

Phone : (239)777-1028 : (877)275-3593 Fax Number

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

ETC@LICENSESETC.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4 LOVE BUILDERS, LLC

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Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$60.00

COVER LETTER

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	gistration Sect vision of Corpo				
CHRIECE.		ILDERS, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspon	dence concerning this matter	to the following:		
		Lisa Adams			
			Name of Person	abo is an annumental property of the section of the	
		Licenses, Etc.			
			Firm/Company		÷ic
	,	886 110th Ave. N. #6			
			Address		
		Naples, FL 34108			
			City/State and Zip Code	The state of the s	
		etc@licensesetc.com			
			to be used for future annual report notif	ication)	
For further	information cor	ncerning this matter, please co	ill:		
Lisa Adams	s		239 777-1028 at ()		
	Name of I	Person	Aren 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Fj:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H17000049251 3)))

4 LOVE BUILDERS, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000009398</u>	were filed on 1/1	1/2017	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
A to Z Home Services LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the abb	reviation "L	.L.C."
Enter new principal offices address, if applicable:			7 [1.475 1.613
(Principal office address MUST BE A STREET ADDRESS)			83	333
Trucipa office dairess areas BEA STREET APPREESSY	-		2	777
			7:35	90 M
The same of the same than the	,ª	_	18 2	品の
Enter new mailing address, if applicable:				
(Muiling address MAY BE A POST OFFICE BOX)				-
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :			
New Registered Office Address:				
Trow Registered & Tribe Francisco.	EnterFlor	idastreet address		
	, Florida			
	City		ZipCode	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	my duties, and I am fo Chapter 605, F.S. Or, i	miliar wi if this doc	th and ument is
If Chu		gent, Signature of New Reg	istered Age	<u>nt</u>

_			
To:	Sunbiz	LLC	Amendment

Page 6 of 7

2017-02-21 17:30.18 (GMT)

From: Licenses Etc.

If amending Authorized Person(s) authorized to manage	enter the title, name, and address of each person being added
or removed from our records:	
	(((H17000049251 3)))

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
			Change
	·		Add
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			Removes B
			Section 2
			□ Add
			□ Remove
			Change

D, If amo	ending any o	other information,	enter change(s) here:	(Attach additional she	eets. if nevessary(GH17000	0049251 3)))
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. Effecti	ve date, if or	ther than the date	of filing:	date of filing or more than	optional) O days after filing.) Pursuant to	605 0207 (2)(b)
Note:	If the date ins	serted in this block do	nes not meet the applicab ment of State's records.	le statutory filing require	ements, this date will not be	listed as the
				an effective time, a	t 12:01 a.m. on the ea	rlier of:
o) ine	aotu day a	after the record is	s med.			

Page 3 of 3

Typed or printed name of signee

Signature of a mymber of authorized representative of a member

JAMES T MCCULLOUGH

Filing Fee: \$25.00