Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

H22000410213 3

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH MROCZKOWSKI, PLEC

Account Number : I20220000127

Phone : (941)952-0550

Fax Number : (941)952-0551

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOUSEMAIDS, LLC

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Electronic Filing Menu Corporate Filing Menu

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H220004102133

COVER LETTER

TO:	Registration Se Division of Cor			H22000410213 3
erin tr	HouseMaid	is LLC	· · · · · · · · · · · · · · · · · · ·	
SUBJECT: Name of Limited L			ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Tina M. Mroczkowski		
			Name of Person	
		Smith Mroczkowski, PLL	c	
			Firm/Company	
		3400 S. Tamiami Trail, Su	ite 101	
	Address			
		Sarasota, Florida, 34239		
			City/State and Zip Code	
		tina@smlawsrq.com	to be used for future annual report :	
For furt	her information o	e-mail andress: i concerning this matter, please c		(orancation)
	. Mroczkowski	oncoming and manor, product	941 952-0550	
i ina ivi		5 D	• •	time Telephone Number
	Name o	f Person	Adea Code Day	inter receptore realises
Enclose	ed is a check for t	he following amount:		
□ \$ 25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration	Section	Street Address: Registration	Section
	Division of C P.O. Box 632	=	Division of C The Centre o	Corporations f Tallahassee
	Tallahassee,			troe Street, Suite 810

Tallahassee, FL 32303

H220004102133

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 DEC - 7 AM 11: 27

H22000410213 3

HouseMaids LLC		·	
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited I Florida document number £05000010850	Liability Company	were filed on 1/25/2005	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	307 Pine Tree Rd	
(Principal office address MUST BE A STRE		Venice, Florida 34293	
Enter new mailing address, if applicable:		307 Pine Tree Rd	
(Mailing address MAY RE A POST OFFICE BOX)		Venice, Florida 34293	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	307 Pine Tree I		
New Registered Office Address: 307 Pine		Enter Florida street ad	dress
	Venice		Florida 34293
		Cuy	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is
		fal O'Ne	ell
	If Chai	nging Registered Agent, Signatu	re of New Registered Agent

H22000410213 3

H220004102133

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> Citle</u>	Name	Address	Type of Action
AMBR	Sol O'Neill	307 Pine Tree Rd, Venice, FL 34293	≅Add
			□Remove
			☐ Change
CEO	Brian O'Neill	715 Clematis Rd, Venice, FL 34293	□Add
			■Remove
			☐ Change
MGR	Sol O'Neill	715 Clematis Rd, Venice, FL 34293	□Add
			≣Remove
			□Add
			□Remove
			□Change
		_,	□Add
			⊡Remove
			□Change
			🗆 Add
			□Remove
			Chouse

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D. If amending any other inform	nation, enter change(s) here: (Attach addi	tional sheets, if hecessary AHII: 27
<u> </u>		
		
	<u> </u>	

E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the I	ust be specific and cannot be prior to date of filing or a block does not meet the applicable statutory fili	(optional) more than 90 days after filing) Pursuant to 605,0207 (3)(b) ng requirements, this date will not be listed as the
If the record specifies a delayed effecti record is filed.	ive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Decemer 5,	2022	
	bel 6'Niell	
,,,,	Signature of a member or authorized representative	e of a member
Sol O'Neill		
	Typed or printed name of signee	

H22000410213 3

Filing Fee: \$25.00