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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Happy House, 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:

Michael Edwards

(Name of Person)

(Firm/Company)

9740 Rookery Circle

(Address)

Estero, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Edwards

(Name of Person)

at (239) 494-2744

(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Happy House, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 01/31/06 and assigned
document number L06000011196.

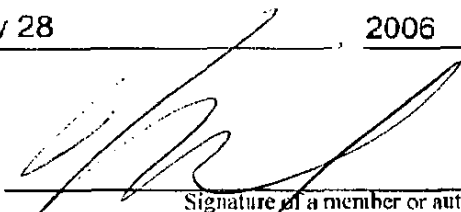
SECOND: This amendment is submitted to amend the following:

The name of the LLC is changed to Residential Solutions, LLC

06 AUG -4 PM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated July 28, 2006

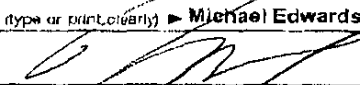


Signature of a member or authorized representative of a member

Michael Edwards

Typed or printed name of signee

Filing Fee: \$25.00

| | | | | | |
|--|---|--|--|--|--|
| Form SS-4 | | Application for Employer Identification Number | | OMB No. 1545-0003 | |
| (Rev. February 2006) Department of the Treasury Internal Revenue Service | | (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records. | | EIN | |
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested Residential Solutions, LLC | | | | |
| | 2 Trade name of business (if different from name on line 1) | | 3 Executor, administrator, trustee, "care of" name | | |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) 9740 Rookery Circle | | 5a Street address (if different) (Do not enter a P.O. box.) | | |
| | 4b City, state, and ZIP code Estero, FL 33029 | | 5b City, state, and ZIP code | | |
| | 6 County and state where principal business is located | | | | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustee Michael Edwards | | 7b SSN, ITIN, or EIN | | |
| | 8a Type of entity (check only one box) | | | | |
| | <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ LLC Multi member; will file 1120-S | | | | |
| | <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____ | | | | |
| | 8b If a corporation, name the state or foreign country (if applicable) where incorporated | | | | |
| State | | Foreign country | | | |
| 9 Reason for applying (check only one box) | | | | | |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ Janitorial Service <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ | | | | | |
| <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | | | | |
| 10 Date business started or acquired (month, day, year). See instructions. 07/28/06 | | 11 Closing month of accounting year 12/31 | | | |
| 12 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 08/15/06 | | | | | |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). | | | | | |
| Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.) | | Agricultural | Household | Other | |
| | | 0 | 0 | 5 | |
| 14 Check one box that best describes the principal activity of your business. | | | | | |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Residential Preventative Maint. Services | | | | | |
| 15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Janitorial Services | | | | | |
| 16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c. | | | | | |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____ | | | | | |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____ | | | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | | | |
| | Designee's name Bruce T. Miller, EA | | Designee's telephone number (include area code) (561) 479-4060 | | |
| | Address and ZIP code 22489 Vistawood Way, Boca Raton, FL 33428-5576 | | Designee's fax number (include area code) (561) 483-0667 | | |
| Under penalty of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. | | Applicant's telephone number (include area code) (239) 494-2744 | | Applicant's fax number (include area code) () | |
| Name and title (type or print clearly) ▶ Michael Edwards | | | | | |
| Signature ▶  | | Date ▶ 7-31-06 | | | |
| For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. | | | | | |
| Cat. No. 15055N | | Form SS-4 (Rev. 2-2006) | | | |