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IN MAR 21 PH 3: I

B. BOSTICK
MAR **2 2** 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporat	ions	ĝ~	***		
SUBJE	· · · · · · · · · · · · · · · · · · ·	Expert Ho	me Services, LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles of Amer	ndment and fee(s) are su	bmitted for filing.			
Please	return all correspondence	ec concerning this matter	r to the following:			
			Joseph A. Lavid			
			Name of Person			
	Expert Home Services, LLC					
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
11212 Beach Stroll Court						
			Address			
	_	1	Fort Myers, FL 33908			
			City/State and Zip Code		JAL H	
		joe.lavid@gmail.com E-mail address: (to be used for future annual report notification)				· Face down file
For fur	ther information concern	ning this matter, please	•	inouncial)	MAR 21	TO CONTRACT OF THE PARTY OF THE
	Joseph	n Lavid	at (239)	565-5007		1 1 1
	Name of Perso			ytime Telephone Number	3: I L LORIDA	· •
Enclose	ed is a check for the foll	owing amount:				
₹2 5	.00 Filing Fcc	330.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified	te of Status &	esed)

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

	pert Home Services, LLC			
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L. Florida document number L06000104		10/25/2006	_ and assigned	
This amendment is submitted to amend the following	_			
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Comp.	any," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
		記録	2 7	
Enter new mailing address, if applicable:	•	141 m		
(Mailing address MAY BE A POST OFFICE	BOX)			
		ORI DA		
B. If amending the registered agent and/or the new registered of	fice address here:	-	name of the new	
Name of New Registered Agent:	Joseph A. Lavid	<u> </u>		
New Registered Office Address:				
	E	Enter Florida street address		
		, Florida	7: 0 3	
New Registered Agent's Signature, if changing I	City Registered Agent:		Zip Code	
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as registering filed to merely reflect a change in the secompany has been notified in writing of this second notified in writing notified in writing of this second notified in writing of this second notified in writing notified in writing of this second notified in writing	roper and complete performance stered agent as provided for in C registered office address, I hereb	of my duties, and I am hapter 608/F.S. Or, if v.confirm that the timit	familiar with and this document is ed liability	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gretchen W. Smith	11212 Beach Stroll Ct Fort Myers, FL 33908	Add Remove
MGR_	John Sorenson	11595 KELLY RD, #206 Eort Myers, FL 33908	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	nange(s) nere: (Allach adallional sneets, if necessary	AR 21 PH 3: ILL
 Dated	March 17	2011 Ali	<u>-</u>
	// '	Joseph A. Lavid	
	1// 1	yped or printed name of signee	

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Filing Fee: \$25.00