109000039944

(Requestor's Name)				
(Ad	ddress)			
(Ad	ddress)			
(Ci	ity/State/Zip/Phon	ne #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T I L. L. L. L.

T. CLINE

MAY 2 7 2010

EXAMINER



May 11, 2010

SCOTT TUBBS 20302 ASH GROVE LN TAMPA, FL 33647

SUBJECT: AT HOME SOLUTIONS, LLC

Ref. Number: L09000039946

We have received your document for AT HOME SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 510A00011843

COVER LETTER

ŢĆ:	Registration So Division of Co				
SUBJI	ЕСТ:		Solutions, UC ted Liability Company	· 	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Sc	oft Tubbs Name of Person		
			Firm/Company		
			Ash Grove G	2010 MAY	
		etubbo E-mail address: (City/State and Zip Code Company Compa	26 PM 1: 23 ARY OF STATE ASSEE, FLORID ion	
For fur	ther information o	concerning this matter, please of	all:		-
	Sco ++ Name (of Person	at (8/3) 598 - C Area Code & Daytime T	0546 elephone Number	
Enclos	ed is a check for t	the following amount:			
\$25	5.00 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

ARTICLE'S OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AT Hom	e Solutions. 145	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>LO 900003 99</u>		gned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	and the same
TG Interactive	Moder 11.C	To the second se
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation "LLC" of the	breviation
Enter new principal offices address, if applicable	B:	E Grand
Principal office address MUST BE A STREET A	DDRESS)	. 29
		er mensus grand vande her de h
Enter new mailing address, if applicable:	· .	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of address here:	f the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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 = M MGRM =	anager Managing Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
	·		
			Remove
			C Damaua
			
			Add
			Remove
			Remove
			
			·
	<u> </u>		Remove
D. If amer	nding any other info	rmation, enter change(s) here: (Attach additional sheet	
_			
_			
_			
Dated	May 21	2010	
		Awas. That	
		Signature of a member or authorized representative of a men	mber .
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00