# #L09000115757

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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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11 NOV 22 PM 5: 52
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

K. SALY EXAMINER NOV 2 2 2011



November 15, 2011

GLOBAL HOME SERVICES, L.L.C. ROBERTO RODRIQUEZ 357 OAK LANDING DR. MULBERRY, FL 33860

SUBJECT: GLOBAL HOME SERVICES, L.L.C.

Ref. Number: L09000115757

We have received your document for GLOBAL HOME SERVICES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 811A00025836

Karen A Saly Regulatory Specialist II

www.sunbiz.org

**NOVEMBER 18, 2011** 

FLORIDA DEPARTMENT OF STATE REGISTRATION SECTION DIVISION OF CORPORATIONS CLIFTON BUILDING ATT: KAREN SALY 2661 EXECUTIVE CENTER CIRCLE TALLAHASSEE, FL. 32301

GLOBAL HOME SERVICES, LLC. 357 OAK LANDING DR. MULBERRY, FL. 33860

Mrs. Karen Saly,

Here you have my documents again to reinstate Global Home services, LLC. Please, remember that the \$238.75 payment it was already paid and sent to you with the prior application. As well the \$25.00 filing fee. I would greatly appreciate if you could file and make my LLC active by not later than 11/22/11. As I mentioned to you, there is a transaction that need to take place not later than Tuesday 11/22/11.

Thank you in advance for your great help.

3 / L

Sincere**ly,** 

Global Home Services, LLC.

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Globa HOME SERVICES, 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:
Roberto Rochiquez
6 10 M HOME SERVICES, LLC. Firm/Company
357 OAK SANDING DR. Mulber
Mulberry, FL 33860
City/State and Zip Code  700000000000000000000000000000000000
For further information concerning this matter, please call:    Concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \) S30.00 Filing Fee \( \) Certificate of Status \( \) Certificate of Status \( \) (additional copy is enclosed) \( \) (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

ARTICLES OF O	ROANIZATION FILE.
<b>O</b> I	FILED.
Coloma HOME SEOVI	11 NOV 22 PM 5: 58
Name of the Limited Liability Compar	iv as it now appears on our records LIAHASSES STATE
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{12/4/2009}{}$ and assigned
Florida document number <u>L 09.000//5757</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Clabel Moure exquires T	110
The new name must be distinguishable and end with the words "Limit	
"L.L,C."	ed Liability Company, the designation and on the above viation
	2007 21/2 DO
Enter new principal offices address, if applicable:	33 / WAK LANGING DR.
(Principal office address MUST BE A STREET ADDRESS)	Mulberry, FL. 33860
	<i>t</i> '
Enternant melling address if applicables	# s / A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
	1
Nama of Navy Boginton d A acad	$\Lambda$ ) $\Lambda$
Name of New Registered Agent:	
New Registered Office Address:	$\mathcal{N}A$
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title . Name Address **Type of Action** Remove 🔲 Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add \_\_\_\_\_Remove ∏Add \_\_\_\_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00