

L10000047166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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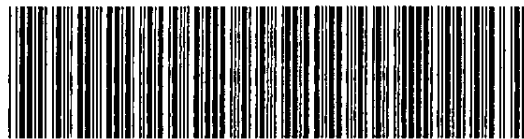
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LIBERTY HOME SOLUTIONS 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:

**NICHOLAS WHITTICK**

Name of Person

**LIBERTY HOME SOLUTIONS SERVICES LLC**

Firm/Company

**18305 GLENMOOR**

Address

**WEST PALM BEACH, FL 33409**

City/State and Zip Code

**INFO@YOURLHS.COM**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**NICHOLAS WHITTICK**

Name of Person

at ( **561** ) **891 3205**

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**

**LIBERTY HOME SOLUTIONS SERVICES LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-3-2010 and assigned  
Florida document number L10000047166.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

18305 GLENMOOR

WEST PALM BEACH, FL 33409

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 223552

WEST PALM BEACH, FL 33409

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NICHOLAS WHITTICK

New Registered Office Address:

18305 GLENMOOR

*Enter Florida street address*

WEST PALM BEACH

Florida

33409

*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.*

*Nicholas Whittick*  
**If Changing Registered Agent, Signature of New Registered Agent**

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

Title	Name	Address	Type of Action
MGR	NICHOLAS WHITTICK	18305 GLENMOOR WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DERRICK WILLIAMS	1830 ABBEY RD UNIT J102 WEST PALM BEACH, FL 33402	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated JANUARY 7, 2011

Signature of a member or authorized representative of a member

NICHOLAS WHITTICK

Typed or printed name of signee

FILED  
2011 FEB 28 AM 10:50  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA