## #\_1000097467

	questor's Name)	
(Re	equestors mame)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	,	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	Filtra Office	
Special Instructions to	Filing Officer:	ľ
		•

Office Use Only



200227835732

04/16/12--01011--018 \*\*25.00



KSALY EXAMPLER APR 17 2012

## **COVER LETTER**

TO: Registration : Division of Co				
SUBJECT:	Denco Hom	es Services L.L.C.		
	Name of Limi	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Hector Blanco		
		Name of Person		
	Deno	co Home Services L.L.	C.	
		Firm/Company		
		16410 Ashwood Dr.		
	<del>- "</del> , - , , -	Address		
		Tampa, Fla. 33624		
		City/State and Zip Code		
	hb@c	dencohomeinspector.co	om	
		to be used for future annual repor	t notification)	
For further information	concerning this matter, please c	call:		
	lector Blanco	at (_813 )	463-0305	
Name	of Person	Area Code & D	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 enc	closed) Certified	te of Status &

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

FILED.

12 APR 16 PM 2: 33

SECRETARY OF STATE

Denco H	lomes Services L.	L.C.	MASSEE, FLORIDA
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now app la Limited Liability Compan	oears on our records.) y)	- COMDA
The Articles of Organization for this Limited Liability	Company were filed on _	September 17 2010	_ and assigned
Florida document number L10000097467	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
	Home Services L.L.C		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Cor	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
	<del></del>		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
D. 16 man P. Alexandra V.			g
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		n our records, <u>enter the</u>	name of the new
	<del></del>	4	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.		Enter Florida street addre.	SS
		, 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
<del></del>			Add Remove	
			Add Remove 	
<del></del>			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_	
_			<del>-</del> -	
			<del></del> ,	
Dated	Signature of a member of	or authorized representative of a member		
	- F	lector Blanco		
	Typed o	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00