

(Requestor's Name)							
(Address)							
(Addres	ss)						
(City/St	ate/Zip/Phone	#)					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	of Status					
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TI MAY 16 PM 3: 21

K. BALY EXAMINER MAY 1 7 2011

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ст:		e Solutions LLC	
		Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	eturn all correspo	ondence concerning this matter	to the following:	
	•		Jamie Bunkley	····
			Name of Person	•
Tax Savers Firm/Company				
		·	r intil Company	
1300 Enterprise Drive Suite A				
			Address	
Port Charlotte, FL 33953				
City/State and Zip Code				
F-mail address: (to be used for future annual report notification)				
For furt	her information of	concerning this matter, please c	·	· ·
		mie Bunkley	ar (- · · /	25-1925
	Name o	of Person	Area Code & Daytime	l'elephone Number
Enclose	ed is a check for t	he following amount:		
√ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

11 MAY 16 PM 3:21
10 PM 3. a.
ALLAHASSEE, FLORIDA

	JC Home	Solutions LLC	<u> TAI</u>	LAHARILOF STATE		
(<u>Nam</u>	e of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	s on our records.)	LAHASSEE, FLORIDA		
The Articles of Organization for	r this Limited Liability Con	npany were filed on	03/25/11	and assigned		
Florida document number	L11000036204					
This amendment is submitted to	amend the following:					
A. If amending name, enter the	ne new name of the limite	d liability company hero				
The new name must be distinguish "L.L.C."	nable and end with the words	"Limited Liability Compar	ny," the designation "I	LC" or the abbreviation		
Enter new principal offices ad	dress, if applicable:					
(Principal office address MUS)	<u> BE A STREET ADDRES</u>	<u>SS)</u>	<u>.</u>			
Enter new mailing address, if	applicable:					
(Mailing address MAY BE A P	OST OFFICE BOX)	•				
						
B. If amending the register registered agent and/or the ne	ed agent and/or registere w registered office addres	ed office address on o	ur records, <u>enter t</u>	he name of the new		
Name of New Register	ed Agent:					
New Registered Office	Address:					
		Enter Florida street address				
		City	, Florida	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> **Address** MBR Jacob Louke 6275 Beedla Street Add -Remove North Port. FL 34291 ☐ Add Remove ☐ Add Remove Remove \square 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 Louke Jr. Typed or printed name of signee

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Filing Fee: \$25.00