

L12000082280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900245811849

03/19/13--01019--024 **25.00

2013 MAR 19 PM 1:58
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

MAR 20 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Solutions 4-U 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:

Sacred Harris
Name of Person

Home Solutions 4-U LLC
Firm/Company

405 South Dale Mabry Hwy Suite # 216
Address

Tampa, FL 33609
City/State and Zip Code

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

For further information concerning this matter, please call:

JAMES STRONG II at (813) 789-5980
Name of Person Area Code & Daytime Telephone Number

FILED
2013 MAR 19 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**

HOME SOLUTIONS 4U 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 06/21/12 and assigned Florida document number L12000082280.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 Changing Registered Agent, Signature of New Registered Agent

FILED
2011 MAR 19 PM 1:58
SUNSHINE STATE
FAMILY ASSOCIATION

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:

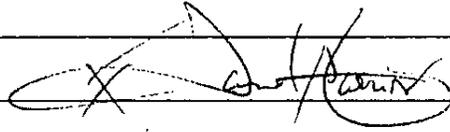
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM owner	JAMES Strong II	16306 Bridgeland Ave	<input type="checkbox"/> Add
		Lithia, FL 33547	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2013 MAR 9 PM 1:58
 FILED

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

I James Strong II turn over Full ownership
to my business partner Jarred Harris.



Dated March 15, 2013.



Signature of a member or authorized representative of a member

JAMES STRONG II

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAR 19 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA