L12000138431

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ואוע	ision of Corp	iui atiuiis			
SUBJECT:	Home Sv	weet Home Services, LLC			
		Name of Lim	ited Liability Company		
MPI 1. 1	1 4 2 1				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Julie L A	Anderson		
			Name of Person		
		Home Swe	et Home Services, LLC		
	Firm/Company				
		907 Bev	ille Road		
			Address		
		South Dayto	ona FL 32119		
			City/State and Zip Code	 	
		HomeServices	1125@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	ncerning this matter, please ca	all:		
Julie	e Anderson		386 872-1932 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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:

TO:

Registration Section

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 Swee	et Home Services, LLC		
(Name of the Limited I (A I	liability Company as it now Florida Limited Liability Cor	vappears on our records.) npany)	
The Articles of Organization for this Limited Liabi Florida document number L12000138431	lity Company were filed	l on	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability comp	any here:	
The new name must be distinguishable and contain the words	s "Limited Liability Compan	y," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		- MANUAL SALAS ALAST ALA
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records, <u>en</u>	ter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street address	
		. Florida	
_	City	, , , , , , , , , , , , , , , , , , , ,	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this cha	and complete performa red agent as provided j istered office address, ange.	ince of my duties, and I a for in Chapter 605 F.S. (I hereby confirm that the	im familiar with and Or; if this document is thin ted liability
	If Changing Regis	tered Agent, Signature of Nev	v Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SMGGV Family Trust	907 Beville Road	
		South Daytona FL 32119	Remove
			Change
····			
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
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			☐ Change
		ESSEM Wasself	<u> </u>
			□ Remove
		FLORID	Change

Julie Anderson - 519	6 '						
SMGGV Family Tru	ıst - 49%		• •				
							
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milein 3 circente date	on the Departme	int of State 8 feeof	us.				
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