

L13 0000069835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

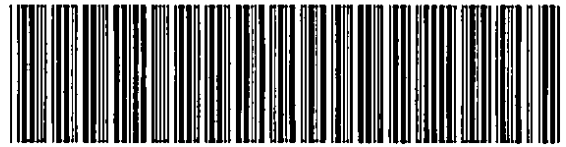
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700377022907

11/23/21--01010--014 \*\*25.00

2021 NOV 23 AM 11:35  
CLERK OF STATE  
6 D

A. RIVERS

DEC 10 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reams Home Services L.L.C  
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:

Derrick Reams  
Name of Person

Reams Home Services L.L.C  
Firm/Company

716 Red Bay st  
Address

Port Charlotte FL 33948  
City/State and Zip Code

Derrickreams@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derrick Reams at ( 941 ) 815-0242  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Reams Home Services

(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 5/13/2013 and assigned  
Florida document number L13000069835

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 contain 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*

2021 NOV 23 AM 11:35  
OFFICE OF  
STATE

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 605, 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Phillip Rotino	2601 Fayetteville Dunn Rd	<input checked="" type="checkbox"/> Add
		Bed Ford, IN 47421	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Holden Auerhomer	342 Strasburg Dr	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33954	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ashley Nostdahl	1519 Persay Dr	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>AMBR</del>			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/26, 2021

*DM*

Signature of a member or authorized representative of a member

Derrick Reams

Typed or printed name of signee

**Filing Fee: \$25.00**