L13000135267

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COVER LETTER

	Registration Se Division of Cor			
CHRICA	·			
SUBJEC	-1;	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Michael Williams		
			Name of Person	
For furthe Michael Enclosed \$25.0		Top Notch Home Services	, LLC.	
		Notch Home Services, LLC. Name of Limited Liability Company Sees of Amendment and fee(s) are submitted for filing. Direspondence concerning this matter to the following: Michael Williams Name of Person Top Notch Home Services, LLC. Firm/Company 1721 Brown Rd Address North Fort Myers, FL 33903 City/State and Zip Code TNHS239@gmail.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Area Code Daytime Telephone Number k for the following amount: Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Address: Registration Section Top Notch Home Services, LLC. Firm/Company 1721 Brown Rd Address: Street Address: Registration Section Division of Corporations x 6327 The Centre of Tallahassee		
Division To SUBJECT: The enclosed As Please return all Michael William Regist Division P.O. Head of the property of the prop		1721 Brown Rd		
		Home Services, LLC. Name of Limited Liability Company Amendment and fee(s) are submitted for fiting. Indence concerning this matter to the following: Michael Williams Name of Person Top Notch Home Services, LLC. Firm/Company 1721 Brown Rd Address North Fort Myers, FL 33903 City/State and Zip Code TNHS239@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Cartificate of Status Cartified Copy (additional copy is enclosed) S60.00 Filing Fee.		
		North Fort Myers, FL 339	03	
			Name of Limited Liability Company and fee(s) are submitted for filing. Ining this matter to the following: Solution of Person Home Services, LLC. Firm/Company In Rd Address Myers, FL 33903 City/State and Zip Code Ogmail.com E-mail address: (to be used for future annual report notification) Imatter, please call: at (
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				ification)
For furth	er information c	oncerning this matter, please c	all:	
Michael	Williams			
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
≡ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S			ection
		•		
	P.O. Box 632 Tallahassee, I			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP NOTCH HOME SERVICE'S LLC

(Name of the Limited Liability Company as it now appears on our records.)

(ATTOMAL EMME)	a Clausity Company,
The Articles of Organization for this Limited Liability Compan Florida document number L13000135267	ry were filed on <u>09 - 24 - 2013</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	hility 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)	
	SE 202
	S JAN
Enter new mailing address, if applicable:	A.B. R. Gran
(Mailing address MAY BE A POST OFFICE BOX)	AS. S
 	SC A III
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of two new register
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 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 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
D	Carolyn Williams	1721 Brown Rd	≣Add
		North Fort Myers, FL 33903	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊒Add
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Note: If the	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 60 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listeffective date on the Department of State's records.	05.0207 sted as
e record spec ord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
Dated	01-07-2025 DDOC	
_	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00