

L14000030300

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** One Hour House Solutions 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:

Ashley Rader

\_\_\_\_\_  
Name of Person

One Hour House Solutions LLC

\_\_\_\_\_  
Firm/Company

3524 Stearns Park Rd

\_\_\_\_\_  
Address

Valrico FL 33596

\_\_\_\_\_  
City/State and Zip Code

bfps111@gmail.com

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

For further information concerning this matter, please call:

Ashley Rader

813

245-0754

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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 Address:**

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

2011-07-07 AM 8:50

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

One Hour House Solutions 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 02/21/2014 and assigned  
Florida document number L14000030300.

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:**

3524 Stearns Park Rd

**(Principal office address MUST BE A STREET ADDRESS)**

Valrico FL 33596

**Enter new mailing address, if applicable:**

3524 Stearns Park Rd

**(Mailing address MAY BE A POST OFFICE BOX)**

Valrico L 33596

**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:

Ashley Rader

New Registered Office Address:

3524 Stearns Park Rd

*Enter Florida street address*

Valrico

*City*

Florida 33596

*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 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         | Ashley Rader | 3524 Stearns Park Rd Valrico FL 33596 | <input checked="" type="checkbox"/> Add    |
|              |              |                                       | <input type="checkbox"/> Remove            |
|              |              |                                       | <input type="checkbox"/> Change            |
| AMBR         | Jesus Rivera | 2204 ELISE MARIE DR SEFFNER, FL 33584 | <input type="checkbox"/> Add               |
|              |              |                                       | <input checked="" 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            |
|              |              |                                       | <input type="checkbox"/> Add               |
|              |              |                                       | <input type="checkbox"/> Remove            |
|              |              |                                       | <input type="checkbox"/> Change            |
|              |              |                                       | <input type="checkbox"/> Add               |
|              |              |                                       | <input type="checkbox"/> Remove            |
|              |              |                                       | <input type="checkbox"/> Change            |

7-7 AM 8:50  
STATE  
FL

7-7 AM 8:50  
STATE  
FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5-6, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee