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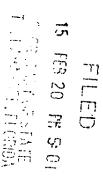
(Re	equestor's Name)	
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MAR 03 2015

S. YOUNG

COVER LETTER

TO: Registration Division of	n Section Corporations		
	il Housecall LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Michael J McBeth		
		Name of Person	
		Firm/Company	
	PO Box 504		
		Address	B 2
و و	Shalimar, FL 32579		3 20 E
		City/State and Zip Code	
	globalhousecall@gm		i sit o
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
Michael J McBe	eth	at (850) 902-	5659
Nai	me of Person	Area Code Daytime	e Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fed	e \$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

Global Housecall LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on March 4, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC	"or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	्रां ज
(Principal office address MUST BE A STREET ADDRESS)		
		8 20 E
Enter new mailing address, if applicable:	PO Box 504	
(Mailing address MAY BE A POST OFFICE BOX)	Shalimar, FL 32579	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, F10 , F10	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or .Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael J McBeth	7466 Old Bay Pointe RD	_ ■ Add
		Milton, FL 32583	□ Remove
AMBR	Angela E Michalek	67 12th Street	
		Shalimar, FL 32579	■ Remove
			5
			Remove:
			- 12
			Add Remove
			□ Remove
		 	
		•	□ Remove

,	nding any other information, enter change(s) here: (Attach adaitional sheets, if necessary.)
_	
_	
_	
(The effec	ve date, if other than the date of filing: (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated _	02/05/2015
	Signature of a member of authorized representative of a member
	Michael J McBeth

Page 3 of 3

Filing Fee: \$25.00

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