1140000092970

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

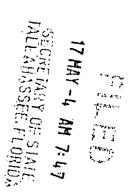
\.)

Office Use Only



200297896312

04/17/17--01018--020 **60.00



MAY 0 5 2025 J SHIVERS

2345



April 20, 2017

DAVID WEBSTER 3184 TARYTOWN ST PORT CHARLOTTE, FL 33952

SUBJECT: HOME SHIELD LLC Ref. Number: L14000092970

We have received your document for HOME SHIELD LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 317A00007686

COVER LETTER

	istration Sec sion of Corp			
CUD IECT.	W	CI SERVICES LLC / HOME	SHIELD LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		David Webster		
			Name of Person	
		Home Shield LLC		
			Firm/Company	
		3184 Tarytown St.		
		.	Address	
		Port charlotte, Florida, 339	52	
			City/State and Zip Code	' ''
		dwebster@homeshieldllc.co		
		E-mail address: (1	to be used for future annual report notif	lication)
For further in	formation co	ncerning this matter, please ca	all:	
David Webst	er		608 2070591	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

I David Webster, owner of LLC (Home Shield LLC)
Document #L17000048977, do hereby state that I have no intention of reinstating. I hereby release the name to myself for use to another entity.

David Webster

David Webster

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WCI SERVICES I							
(Name of the Lim	ited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Included In	Liability Company	were filed on06/10/2014	and assigned				
his amendment is submitted to amend the fol							
. If amending name, enter the new name	•	ility company here:					
HOME SHIELD LLC							
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		3184 Tarytown St					
Principal office address MUST BE A STRE	ET ADDRESS)	Port Charlotte, FL. 33952					
Enter new mailing address, if applicable:		3184 Tarytown St Port Charlotte, FL 33952					
<u>Mailing address MAY BE A POST OFFICE</u>	<u>; BUX)</u>						
3. If amending the registered agent and egistered agent and/or the new registered of	~		ter the name of the				
Name of New Registered Agent:	David E Webs	ster Jr	SET O				
New Registered Office Address:	3184 Tarytown	St Enter Florida street address					
	Port Charlotte	, Florida	33952				
		City	7in 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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David E Webster Jr	3184 Tarytown St Port charlotte, FL, 33952	🗆 Add
			Remove
			Change
			Add
			Remove
			□ Change
			□ Add
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
		,	Remove
			☐ Change

This amenda	nent is to c	nange the na	me of \	WCI SE	RVICE:	SLLC	docum	ent numbe	r "L14000	0092970"		
to HOME SI	HELD LLO	Z										
Please note t	nat I had al	so created th	e busin	iess nam	e Home	Shield	LLC ar	nd then dis	solved it	within day	'S.	
The creation	was in erro	or as I was ac	tually t	trying to	just cha	ange my	y curren	t business	name.			
You will see	that Home	Shield LLC	, docur	ment nur	nber "L	170000	48977"	has the sa	me EIN a	and address	3	
as WCI SER	VICES. A	nd the volun	tary dis	ssolution	so that	I may a	ipply th	is as a nan	ne change	instead.		
It's also impe	rative that	my title be "	MGR"	within th	he new	name o	f Home	Shield LL	.C.	-		
It currently s	hows it as	CEO. I am u	nable t	o change	the bu	siness n	name wi	th my ban	k unless i	it shows M	GR.	
WCI Service	s LLC curr	ently shows	my title	e as MGI	R. This	would	be corre	ect.				_
								<u>.</u>				
										<u></u>	1	—
 												<u> </u>
									<u>-</u>	<u> </u>	MA T	
						****				SSEE	} +	Muca Barr
										- PA	+	·
										<u> </u>		
ffective date, if	other the	the date o	f filing						(ont	tional)		
an effective date is l	isted, the dat	e must be spec	citic and	cannot be					0 days afte	er filing.) Pu		
ote: If the date in ocument's effective						ole statu	tory fili	ng require	ments, th	iis date wil	I not be	listed a
		•										
e record specif The 90th day				ate, bu	ıt not	an eff	ective	time, at	12:01	a.m. on	the ea	arlier c
ated		4/11		2017								
			,				. 5	7		_		
					3	سرا	<u> </u>	u				_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00