L14000 102 699

(Reques	tor's Name)
(Addres	s)
(Addres	s)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:

Office Use Only



600275215036

07/27/15--01023--016 **30.00

15 JUL 27 PM 3: 36

M. 28 Mile RIE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		Iome Services, LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	•	Name of Person Ind Home Service Firm/Company	es, LLC
	10573	NW 3rd Street Address	
	Pembro allaro	Ke Pines, FL 330 City/State and Zip Code Sund. hsewices 110@ to be used for future annual report notifi	gmail.com
For further information c	E-mail address: () oncerning this matter, please ca		cation)
Ernesto Name o	Castellanos GPerson	at (646) 852 Area Code Daytime	5550 Telephone Number
Enclosed is a check for the	_		
□ \$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)
ş 4°			
BA A TY	INC ADDDDOOG		

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

All Around Home S					
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)				
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000102699</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability		and assigned			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."			
Enter new principal offices address, if applicable:	10593 NW 3rd Street	et			
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL 3302				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter t</u>	he name of the new			
New Registered Office Address:	Enter Florida street address				
	, Florida	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as prebeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fā ovided for in Chapter 605, F.S. Or, 🗓	iniliar with and If this document is ited liability			

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
		<u></u>	Add
			Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
			Change
			
			□ Remove
			→ 30 (Mange
			L 27dd PH
			Q; □ Kemove
			ලි සි ජි □ Change
			□ Remove

			_ -						
			.						
									
_								"	
-									
				<u>-</u> .					
					- .				
				·					1.115
									.
	-	 ·							
									
									···
Effective (late, if other	than the date the date must be sp	of filing	g:			(opt	ional)	
f an effectiv Note: If th	e date is listed, the e date inserted	the date must be sp d in this block d	ecific and oes not m	cannot be prio	to date of filir	ng or more the	an 90 days afte	er filing.) Pursua	ant to 605.02 of be listed
document'	effective date	e on the Departs	nent of St	tate's records			,		
	ann -161	مما تانسلمان							
The 90t	specifies a h day after:	delayed effe the record i	ective di s filed.	ate, but no	ot an effect	tive time,	at 12:01	a.m. on th	e earlier
Dated	July	<u>23</u>	, ,	2015	·			-1	
	J		ر پر	///					55
		Signa	ture of a m	sember or auth	orized represe	7 ntative of a n	nember		<u>=</u>
					ellance ed name of sig			155 E	27 PM
		7 -	•	, -					

Page 3 of 3

Filing Fee: \$25.00