## L14000103515

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## **COVER LETTER**

TO:	Registration S Division of Co						
CUDIO		tions, LLC					
SUBJE	.CI:	Name of Lin	nited Liability Company				
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.				
Please 1	eturn all correspo	ondence concerning this matter	to the following:			~	
		Scott W Hamric			FALL AHASSEE FLORIDA	2011 HAY 17 PM 5: 31	
			Name of Person		. SSV	=	•
		S&H Solutions, LLC				70) 36	
			Firm/Company			نن	
		410 East Carter Road			AON.	يي	
			Address		<b>.</b>		
		Lakeland, FL 33813					
		swh2457@gmail.com	City/State and Zip Code		•		
			(to be used for future annual report not	ification)			
For furt	her information of	concerning this matter, please c	all:				
Scott W	/. Hamric		863 860-4371				
	Name o	of Person		e Telephone Number			
Enclose	d is a check for t	he following amount:					
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectification (additional	te of Stat Copy		
	B. G. A. V. S.	INC ADDRESS	OTEN DETECTION IN	UD ADDDES			

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

S&H Solutions, LLC		
Name of the Limited Liabi (A Florid	ility Company as it now appears on our records da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on June 27, 2014	and assigned
Florida document number L14000103515		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
A1 & Done Home Solutions, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation-L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		<u> </u>
• • • • • • • • • • • • • • • • • • • •		~~
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u></u>	, Fla	rida 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>	Address	Type of Action
MBR	VAUGHN GAMBLE	3041 EAST KEYSVILLE RD	
•		LITHIA FL 33547	☐ Remove
			☐ Change
			D Add
			□ Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior  ote: If the date inserted in this block does not meet the applications occurrent's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of
ated MAY 2 , 2017	—·
Soft W Hanne	prized representative of a member

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Filing Fee: \$25.00