L14000128184

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone#	<i>‡</i>)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations

Rodriguez Home 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:

Felicia R	Rodriguez		
	Name of Person	l	
	Firm/Company		
	Address		
13211 Corbo	el Circle Apt 1124 I	Fort Myers, Fl 33	3907
	City/State and Zip C		
feliciarodrigu	ez_0531@yahoo.d	om	
E-mail a	address: (to be used for future an	nual report notification)	
For further information concerning this matter,	please call:		
Felicia Rodriguez	_{at} (239)	849-7093	
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 S	~	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

Rodriguez Home Solutions LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number L14000128184	led on 08/15/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
Felicia Rodriguez LLC	
The new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	AHASS
(Mailing address MAY BE A POST OFFICE BOX)	TRANSPORT
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			Remove
			Add
			☐ Remove
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			Remove
			Add
			□ Remove

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effective date must be specific, cannot be prior to date of receipt or filed date and cannot be late this document is filed by the Florida Department of State)	
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State) ed August 15 2014	
ffective date must be specific, cannot be prior to date of receipt or filed date and cannot bate this document is filed by the Florida Department of State)	ne more than 90 days after

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Filing Fee: \$25.00

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