# 15000090554

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

EB 29 2018

## **COVER LETTER**

Divi	ision of Corp	orations ,'				
SUBJECT:	Werner Hom	ne Services LLC				
Sobject.		Name of Limi	ited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		James P. Clancy Jr.				
			Name of Person			
		Werner Home Services LL	С			
Firm/Company						
4696 Sweetmeadow Circle						
		······	Address			
		Sarasota, FL 34238				
		wernerhomeservices@gmail	City/State and Zip Code			
		_	o be used for future annual report notification	on)		
For further in	nformation co	ncerning this matter, please ca	ılı;			
James P. Cla	ncy Jr.		941 993-7489 at ()	TAL	20	
	Name of	Person		ephone Number	2016 FEB 21	TI
Enclosed is a	check for the	following amount:		い。 (から) (から)	26	الدامانسو دورسست
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fitting F Certificate of Certified Copy (additional copy i	Status &	ご

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

# TO ARTICLES OF ORGANIZATION OF

Werner Home Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_L15000090554 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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.

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Partner	David L. Creeden	2109 Eugene St Sarasota,FL 34231	Add
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David Creeden 10%.							
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<u> </u>	Signature	of a member or au	ithorized represer	ntative of a member	. S	<u> </u>	
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Page 3 of 3

Filing Fee: \$25.00