L15000104844

(Requestor's Name)
(Requesions Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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03/08/22--01014--017 **25.00

2022 MAR -8 PH 4: 23 SECRETARY OF STATE

A. BUTLER MAR 2 1 2022

COVER LETTER

TO: Registration Division of C	Section Corporations		
M&W F	IOME SOLUTIONS L.L.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Mr. WILSON ROJAS		
		Name of Person	
		Firm/Company	
	954 WILLOW BRANCH	DR	
		Address	
	ORLANDO, FL 32828		
	WILSONROJAS4@GMAI	City/State and Zip Code L.COM to be used for future annual rep	nost partification)
For further informatio	n concerning this matter, please ca		ort notification)
WILSON ROJAS			5792
Nan	ne of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Add</u> Registrati	ress: on Section
Division of P.O. Box 6	f Corporations 327		of Corporations e of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

M&W HOME SOLUTIONS L,L,C

2022 MAR -8 PM 4: 23

(Name of the Limite	d Liability Compar A Florida Limited L	iv as it now appears on our	TALLAHASSEE, FL
The Articles of Organization for this Limited Lia	ibility Company	were filed on <u>06/16/201</u>	and assigned
Florida document number 1.15000104844			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
M and W Home Solutions LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>		
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	•	ddress on our records.	enter the name of the new registere
N. D. C. 1007 A.U.			
New Registered Office Address:		Enter Florida strec	t address
			Florida
		City	, Florida Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis, being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my du rovided for in Chapter	ties, and I am familiar with and r605, F.S. Or, if this document is
	If Chun	ging Registered Agent, Sig	nature 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
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□ Add
		 	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
			□ Character

	
Sective date, if other than the date of filing: (ontional)	
Tective date, if other than the date of filing:	suant to 605.020
ste: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will cument's effective date on the Department of State's records.	not be fisted a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
is filed.	
ited	
3/2/2	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00