# 15000/64268

(R	equestor's Name)	<u> </u>
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# **COVER LETTER**

	ision of Corp			
SUBJECT:		ome Wellness, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing	
Please return	ı all correspor	ndence concerning this matter	to the following.	
		Jon Wiley		
		<del></del>	Name of Person	<del></del>
	American Home Wellness, LLC			
			Firm/Company	
		27818 Arrowhead Circle		
			Address	
		Punta Gorda, Florida 3398	32	
			City/State and Zip Code	
		jon@joncwiley.com		
		E-mail address: (	to be used for future annual report notific	ation)
For further i	nformation co	oncerning this matter, please co	all:	· ·
Jon Wiley			407 902-6300 at ( )	Felephone Number
	Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25,00 H	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)

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

American Home Wellness, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability (Florida document number L15000164268	Company were filed on September 28, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
American Home Services of Florida, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	C" or the abbreviation "L,L,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ls, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		<b>₩</b>
	Enter Florida street addre	83
	r)	lorida
	Cuy	Zıp 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

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ective date, if other than	the date of filing:	(option	nal)
effective date is listed, the date	must be specific and cannot be prior to date of	filling or more than 90 days after fil	ling.) Pursuant to 605.0.
	s block does not meet the applicable statute Department of State's records.	utory filing requirements, this d	late will not be listed
	o a opariment or other or other and		
	yed effective date, but not an eff	factive time at 12,01 au	
	record is filed.	rective time, at 12.01 a.i	ii. On the earlier
record specifies a dela he 90th day after the			سبب ستا ا
he 90th day after the			
he 90th day after the	2017		
he 90th day after the	2017		
he 90th day after the	2017 Signature of a member or authorized rep		

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Filing Fee: \$25.00