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TALL ARASSLE FL

COVER LETTER

Division of Cor	porations			, .
SUBJECT:	My Noger	5 Home Sex	Vices	441
	Name of Limi	ted Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	indence concerning this matter (to the following:		
	Roc	ger Trimit	γ(Ο.	
		Name of Person	.	·
	MR. T	Rogers Home	- Serv	ices
		Firm/Company		
	914 W	Cimmeroul	D (
		Address		
		F1- 3360		_
	Zugezty	City/State and Zip Code	ail.com	η
	E-mail address: (t	o be used for future annual report notif	ication)	`
For further information e	oncerning this matter, please ca	all:		
		- / -	(())	
(Loger	triminio.	a(813_) = 760 -	.6835	
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	he following amount:			
	•	□ \$55.00 Eiling Cox &	□ \$60.00 E	lina Faa
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fi Certifica Certified	ite of Status &
		(addroving copy to effective a)		l copy is enclose
				Ì

MAILING ADDRESS:

Registration Section

TO:

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

Mr. Rogers Home Services	
(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 05 - 18-2016 Florida document number 416000097170	and
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 "LLC" or the abbrevi	iation
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u>r</u>
	7 JTC (197
Enter new mailing address, if applicable:	<u> </u>
(Muiling address MAY BE A POST OFFICE BOX)	
——————————————————————————————————————	
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	nan
New Registered Office Address:	
Enter Florida street address	
, Florida	<u> </u>
City 2 New Registered Agent's Signature, if changing Registered Agent:	₹ip Co
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to occuping the appointment as registered agent and agree to act in this capacity. I further agree to occuping all statutes relative to the proper and complete performance of my duties, and I am faming accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if the being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.	liar us de

Page 1 of 3

If Changing Registered Agent, Signature of New Registered A

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Typ
MOR	Sava Trimihio	914 W. Cimmeron Dr.	×
		914 W. Cimmeron Dr.	
			<u> </u>
		<u> </u>	
			
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			_ □ R
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			R.
			_ba

or removed from our records:

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.
Dated Sexicmber 23. 2019.
Signature of a member or authorized representative of a member
Roger Trimihio
Typed or printed name of signee

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Filing Fee: \$25.00