## L17000025126

(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



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Maria Silling

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2021

ISAC BELL 2519 MCMULLEN BOOTH RD STE 510-286 CLEARWATER, FL 33761

SUBJECT: ELITE HOME SOLUTIONS, LLC

Ref. Number: L17000025126

We have received your document for ELITE HOME SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 421A00014398

## **COVER LETTER**

. . .

Tallahassee, FL 32314

TO:

TO:	Registration Sec Division of Corp			
SUBJEC	T: <u>[] He</u>	Home Solvet Name of Limit	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Isac Bi	. (	
		Oxford C	apirted Helding	s LLC
		2519 MC	Muller Booth Address	Rd Shite Sto- 280
		Clear water	FL 33761 City/State and Zip Code	
		Sec O COST	o be used for future annual report notifi	Ore cation)
For furth	er information co	oncerning this matter, please co	di:	
Ì	xc B	_11	at ( <u>813</u> ) 990 – Area Code Daytime	9159
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
£ <b>(\$</b> 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sec	tion
	Division of Co P.O. Box 632		Division of Corp The Centre of Ta	oorations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on _O Florida document number _L\_\tau\tau\CCO\2-5\126	1/31/2017 and assigned
Florida document number CT T(XXX) 125 126	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	2:
Bell A-cquisitions III	702
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	.,
Enter was made and describe and described a	ت.
Enter new mailing address, it appricable;	•
•	· · · · · · · · · · · · · · · · · · ·
•	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our rec	ords, enter the name of the new registered
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 recaggent and/or the new registered office address here:  Name of New Registered Agent:	ords, enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here:  Name of New Registered Agent:	egistered agent and/or registered office address on our records, enter the name of the new registered registered office address here:  V. Registered Agent:  Ted Office Address:  Enter Florida street address
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our recognition and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida  City	a street address
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida	a street address <b>Florida</b> Zip Code

If Changing Registered Agent, Signature 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
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			(7)

Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be pract to date of filing or more than 90 days after filing.) Pursuant to 605.92  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The effective date and advanced effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the distilled.  Dated The first advanced to a member of authorized representative of a member.	_	
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Filing Fee: \$25.00