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Office Use Only



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COVER LETTER

TO: .	Registration Se Division of Cor			
SUBJ		tter & Home Solutions LLC	·	
уова,	BC1	Name of Lim	ited Liability Company	
Тће ег	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter		
		Sylvester Hills		
			Name of Person	
			Firm/Company	
		12905 Brant Tree Drive		
			Address	
		Riverview Fl 33579		
		hills.sylvester@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Sylve	ster Hills		813 999-6655 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

	10	·
ARTICLE	S OF ORGANIZATION	F/1 5
	OF	2012
PRIORITY WATER & L (Name of the Limited Liab)		2017 DEC 20 PM 12: 07
PRIORITU LOJATER & L	JOANE SOLUTIONS 110	rations PM125
(Name of the Limited Liabi	ility Company as it now appears on our reco	rds.) LAHASATY OF
/ (A Flori	da Limited Liability Company)	SEE. FISIATE
The Articles of Organization for this Limited Liability	Company was flad on 4/20/2	20/7 and assigned
	, ,	and assigned
Florida document number <u> </u>	2	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, ,,	Florida
	City	7ip 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

Zip Code

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>	<u>Address</u>	Type of Action
MGR	Cartaz Roberts	11522 Luckygem Dr Riverview Flo	= Add
			□ Remove
			Change
			Add
			☐ Remove
			Thange Thange Thank The Remove
			EC 24 PAINTERS CONTROL TO THE CONTRO
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			□ Remove

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	DEC 20
	ALLACIA PHIZOS
	A SSEE SIA
	12/12/2017
	ctive date, if other than the date of filing: (optional)
Note	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 to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
f the ro b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
	, Dec 12 2017
Date	d
	1 B OE
	Signature of a number or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00