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## COVER LETTER

TO:	Registration of					
		LHOUS	SE SERVICES LLC			
SUBJ	ECT:		Name of Lim	ited Liability Company	y	<del> </del>
					1	
The en	closed Article	es of A	mendment and fee(s) are sub-	mitted for tiling.		
Please	return all con	геѕропс	dence concerning this matter	to the following:		
			Dmytro Yaremenko		!	
				Name of Person	n į	<del> </del>
			IDEALHOUSE SERVICE	S LLC	İ	
				Firm/Company	·	<del></del>
			3292 Royal Canadian Trac	e #2		
				Address	j	
			Fort Myers, FL, 33907			
				City/State and Zip (	.`ode	·
			yardm17@gmail.com		1	
			E-mail address: (I	to be used for future ar	nual report notific	cation)
For fur	ther informat	ion con	cerning this matter, please co	ıll:	1	
Dmytr	o Yaremenko	,		239 at (	3096014	
	Na	ame of P	Person	Area Code	Daytime	Telephone Number
Enclos	ed is a check	for the	following amount:			
\$2.	5.00 Filing Fe	ee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cor (additional copy	)y	☐ \$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			,	REET/COURIE		
			Di∳i	istration Section sion of Corporal		
				ton Building	tur Cirolo	
				2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



IDEALHOUSE SERVICES LLC

company has been notified in writing of this change.

(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 and assigned 1.17000092417 Florida document number 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 abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City Zip 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

or removed from our records: MGR = Manager AMBR = Authorized Member Title Title <u>Name</u> **Address Type of Action** 3292 Royal Canadian Trace #2 Fort Myers, FL, 33907 Dmytro Yaremenko MGR **■** Add \_□ Remove ☐ Change ☐ Remove ☐ Change ☐ Change ☐ Remove ☐ Change \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Please add EIN number. Add	inonal page attached.	61-1849	645		
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record specifies a delayed The 90th day after the rec		it not an effec	tive time, at 12	:01 a.m. on the	earlier of:
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July 21 ted	2017				
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	/ Skep		<u>.</u> 		
<u> </u>	Signature of a member o	r authorized represe	ntative of a member		
DMYTRO YAREMEN	KO V				
Zari ino immanian		printed name of si			<u>.</u>

Page 3 of 3

Filing Fee: \$25.00