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2017 JUN 21 PH 12: 32

J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WY P) Home Services LLC_ Name of Foreign Limited Liability Company	
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Wilfredo Prosce Name of Person	
W.Y. A. Home Services LLC Firm/Company	
3105 S. Samaran Blvd #79 Address	
Manclo FL 32877	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Verify 1200 at (40) 300 1231	
Name of Person at (40) 300 1231 Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount: \$\[\] \$25 \text{Filing Fee} \[\] \$30 \text{Filing Fee} & \[\] \$55 \text{Filing Fee} & \[\] \$60 \text{Filing Fee}, Certificate of Status Certified Copy Certified Copy	&



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2017

WILFREDO ROSA 3105 S SEMORAN BLVD #79 ORLANDO, FL 32822

SUBJECT: WYR HOME SERVICES LLC

Ref. Number: L17000122547

2017 JUN 21 PK 12: 32

We have received your document for WYR HOME SERVICES 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):

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

Date of filing and document number is missing.

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) 245-6051.

Jenna D Harris Regulatory Specialist !!

Letter Number: 617A00011944

2017 JUN 21 PM E: 11 SECREMANY OF WALE



June 13, 2017

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SUBJECT: WYR HOME SERVICES LLC

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Letter Number: 617A00011944

Jenna D Harris Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wyh Home Services	mpany as it now appears on our records.)
(A Florida Limi	ted Liability Company)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for this Articles of Organization for the Organization for this Articles of Organization for this Articles of Organization for this Articles of Organization for the Organization for this Articles of Organization for O	any were filed on 65 26:7 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	
Enter new principal offices address, if applicable:	75.5 28.
(Principal office address MUST BE A STREET ADDRESS	
	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
Enter new mailing address, if applicable:	PH 17
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I Name of New Registered Agent: New Registered Office Address:	2, Vvette 5. S Semoran Blva #79 Enter Florida street address
	Vlando Borida 32822 Zip Code
New Registered Agent's Signature of changing Registered Age	· ,

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 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>Name</u> <u>Title</u> Address Type of Action Rosa Wilfredo AMBR 2105 S. Semon n. Blvd ~ L.

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Effective date, if other that fan effective date is listed, the d	in the date of filing:		(ор	tional)
f an effective date is listed, the d Note: If the date inserted in document's effective date on	this block does not mee	t the applicable statuto	ing or more than 90 days af ry filing requirements, t	ler filing.) Pursuant to 605.0 his date will not be listed
ne record specifies a de The 90th day after th		e, but not an effe	ctive time, at 12:01	. a.m. on the earlier
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Dated <u>Jine</u>	Signature of a mer	aber or authorized repres	entative of a member	UN 21 HASSE

Page 3 of 3

Filing Fee: \$25.00