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		: (727)306-0202			
	Fax Number	: (727)474-9949			
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Electronic Filing Menu

Corporate Filing Menu

Help

Tc: 18506176383

Fax: 7274749949

4		(COVER LETTER	;
TO: Reg Div	gistration Se ision of Cor	ction porations	•	
CUD IF CT.		Services Franchise Systems, L	LC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspo	ondence concerning this matter (to the following:	
		Michael J. Faehner		
			Name of Person	
		Fachner PLLC		
			Firm/Company	
		301 Woodlands Pkwy., Sui	te 10	
			Address	·
		Oldsmar, FL 34677		
			City/State and Zip Code	
		filings@fachner.com	to be used for future annual report no	((Cestion)
For further i	nformation c	concerning this matter, please or		
Michael J. F	achner		727 306-0206	
•	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for t	he following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	ulling Addre		Street Address: Registration S	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 registagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Enter Florida street address	Safer Home Services Franchise Systems, LLC	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mr. Wiggles LLC 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida: 20 Enter Florida: 20 Fl	(Name of the Limited Liability Compa (A Florida Limited l	iny as if now appears on our records.) Liability Company)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mr. Wiggles LLC 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida: Enter Florid	The Articles of Organization for this Limited Liability Company	were filed on 07/24/2017 and assigned
A. If amending name, enter the new name of the limited liability company here: Mr. Wiggles LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 Agent: New Registered Office Address: Enter Florida Street address Enter Florida Street address Florida: P. C. The subreviation "L.L.C." 5037 Dartmouth Ave. N. St. Petersburg, FL 33710 St. Petersburg, FL 33710 Enter new mailing 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: P. C. The subreviation "L.L.C." Florida: P. C. The subreviation "L.L.C." Florida: Enter Florida Street address Florida: P. C. The subreviation "L.L.C." Florida: P. C. The subreviatio		
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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:	Enter new principal offices address, if applicable:	5037 Dartmouth Ave. N.
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 Florado street address Florida: Page 133710	(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33710
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:	Enter new mailing address, if applicable:	5037 Dartmouth Ave. N.
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: Florida:	(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33710
	Name of New Registered Agent:	address on our records, enter the name of the new regist
		N

New Registered Agent's Signature, if changing Registered Agent:

Tc. 18506176383

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.

10/11/2022 12:23:33 EDT

Tc: 18506176383

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From: Faehner PLLC

Fax: 7274749949

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	James F. Swayne	5037 Dartmouth Ave. N.	DbbA
		St. Petersburg, FL 33710	□ Remove
			≅Change
			□ Add
			□Remove
			Change
			□Add
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Note:	ive date, if other than the date of filing:
lie reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	October 11 Alexander 12 October 11
	Signature of a member or althorized representative of a member