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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	PRO HOME SERVICE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORGE E CARRILLO		
		Name of Person	
	FOLRIDA PRO HOME SI	ERVICE	
	- · - · ·		
2834 Wilshire Rd.			
		Address	
	CLERMONT FL 34714		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
JORGE E CARRILLO		407 9224504	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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		Street Address:	oution
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA PRO HOME SERVICES LLC (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 $\frac{09/15/2017}{1}$ and assigned Florida document number 1.17000192616 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

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 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
AMBR	Carrillo, Lucylegnys	2834 WILSHIRE RD.CLERMONT FL.34714	🗆 Add
			🖺 Remove
			□ Change
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			Change

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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becament's effective date on the I	st be specific and cannot be pr lock does not meet the app	ior to date of filing or mor licable statutory filing	(optional) e than 90 days after filing.) Pu requirements, this date wil	rsuant to 605.0207 (I not be listed as t
record specifies a delayed effecti Lis filed.	e date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90	Oth day after the
ated	2021			
<u>-</u>	1. Second	(2.11)		j
	July My groups	ithorized representative of	a member	

Filing Fee: \$25.00