# 17000215616

(Re	equestor's Name)
(Ad	dress)
(Ad	idress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	rsiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MIDWEST HOME SOLUTIONS LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH 07//22	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

#### **COVER LETTER**

TO:	Registration S Division of Co			
		THOME SOLUTIONS LLC		
SUBJE				
-0-0-		Name of Lir	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are suit	omitted for filing.	
Please n	eturn all correspo	ondence concerning this matter	to the following:	
		Erik Lichter		
			Name of Person	<del></del>
		The Lichter Law Group		
			Firm/Company	
		5805 Blue Lagoon Drive	, Suie 178	
			Address	
		Miami, FL 33155		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please c	ali:	
Erik Li	chter		305 894-6750	
	Name o	f Person	at () Area Code Daytime	Telephone Numb <del>er</del>
Enclosed	l is a check for th	e following amount:		
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Address Registration S		Street Address: Registration Sec	at a

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

TO:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 26 Ali 8: 29

MIDWEST HOME SOLUTIONS LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	on our records.)	<del>vajas</del> mais sastas et
The Articles of Organization for this Limited Florida document number L17000215616	Liability Company	y were filed on OCT	OBER 18, 2017	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here	;	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if appli		1333 BLUE ROAL		
(Principal office address MUST BE A STREET ADDRESS		CORAL GABLES, FL 33146		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	1333 BLUE ROAD		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	address on our reco	rds, <u>enter the na</u> me	of the new registered
Name of New Registered Agent:	<del></del>			
New Registered Office Address:	1333 BLUE RO	OAD		
		Enter Florida	street address	
	CORAL GABL	ES	. Florida <sup>33</sup> 14	16
		City	<del>,</del> , <u></u>	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 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

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	ALEJANDRO PINO	2000 S DIXIE HWY #205	
			□Add
		MIAMI, FL 33133	
			=Remove
MGR	MICHAEL P ANGULO	5794 SW 40 STREET, #205	
			■Add
		MIAMI, FL 33155	
			□Remove
			□ Change
			Clange
			Remove
			□Change
<del></del>			□Add
			□Remove
			_
			□Remove
			□Change
			_
			□Remove
			Change

### Page 2 of 3

	effective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
ne re The	
,	JULY 15 2022
he re The Dated	Armil Minorpher
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Page 3 of 3

Filing Fee: \$25.00