## L17000247314

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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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NOV 05 2020 S. YOUNG

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Preferred Home Services LC  |
| Name of Limited Liability Company  |
|  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Benny William Name of Person   |
| Preferred Home Services LLC<br>Firm/Company  |
| 75 N.E 211 th Street Address   |
| Miarni FL 33179 City/State and Zip Code  |
| B. William 51 @ Janob. Com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Benny William at (954) 934-3672  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations  |

P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Preferred Home Ser   | any as it now appears on our records.) Liability Company)    |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000247344</u> .  This amendment is submitted to amend the following: | were filed on 12-04-2017 and assigned                        |
| A. If amending name, enter the new name of the limited liab  Home Preferred Services I  The new name must be distinguishable and contain the words "Limited Liab." | LC_  |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)   | 75 NE 241th Street<br>Miami Fl 33179                         |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 75 N.E 211th Street<br>Miami FL 33179                        |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, enter the name of the new registered |
| Name of New Registered Agent: Benny  | y william  |
| New Registered Office Address: 75 N.   | Enter Florida street address                                 |
| Miam   | N. Florida <u>33179</u><br>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 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>      | Address                        | Type of Action |
|--------------|------------------|--------------------------------|----------------|
| MGR          | Benny william    | 75 N.E211th Street Miami       | XIAdd          |
|              |                  | FL 33179                       | □Remove        |
|              |                  |                                | □Change        |
| AMBR         | Cataline Dugazan | 75 NE 211th Stray Miami FL 331 | <u>¶</u> □Add  |
|              |                  |                                | Remove         |
|              |                  |                                | □Change        |
|              |                  |                                | □ Add          |
|              |                  | <del></del>                    | □Remove        |
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|              |                  |                                | □Remove        |
|              |                  |                                | _ Change       |

## Page 2 of 3

|         | iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| Note:   | ve date, if other than the date of filing:   |
|         | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated _ | 09-24 3020   |
|         | Signature of a member or authorized representative of a member   |
|         | Signature of a member or authorized representative of a member   |
|         | Benny William Typed or printed name of signee  |