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COVER LETTER

SUBJECT:	L&V Home	Solutions, LLC		
Sobreci.		Name of Limi	ited Liability Company	y
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Griselda Cardenas		
			Name of Person	
		East Washington Accounting	ng Services, Inc	
			Firm/Company	
		PO Box 1006		
			Address	
		Pierson, FL 32180		
			City/State and Zip Code	
		gcardenas.ewas@att.net		
		E-mail address: (t	o be used for future annual report r	notification)
For further is	nformation co	oncerning this matter, please ca	ıll:	
Griselda Cai	denas		386 749-9010 at ()	
	Name of	Person		time Telephone Number
Enclosed is a	check for the	e following amount:		
≘ \$25.00 F	iling 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:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&V Home Solutions, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
he Articles of Organization for this Limited Liability Con	npany were filed on January 22, 2018	and assigned
orida document number L18000018448		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRE.	<u> </u>	88 €
		APR
		ASSE 30
nter new mailing address, if applicable:		35 (1)
failing address MAY BE A POST OFFICE BOX)		မှ ငြို့
•		99
If amending the registered agent and/or register gistered agent and/or the new registered office addres		the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	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>	<u>Address</u>	Type of Action
MGM	Lorenza Rivas	40444 Country Rd	Add
		Eustis, FL 32736	Remove
		was to the same of	Change
			☐ Add
			□ Remove
			□ Add
			☐ Remove
			☐ Change
			Add
		<u> </u>	□ Remove
			Change
			Add
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			Remove
			☐ Change

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in effective date ote: If the da	, if other than the e is listed, the date mu te inserted in this b ective date on the D	st be specific and o lock does not me	cannot be prior eet the applica			g.) Pursuant to	
The 90th d	ecifies a delaye ay after the rec	cord is filed.					rlier o
ated A	Lorenza.	,	2013				
/	· I	River					

Page 3 of 3

Filing Fee: \$25.00