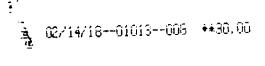
## L1800020733

(Requestor's Name)
•
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Document Name)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to thing differen
<b>1</b>

Office Use Only



200309007712



SECRETARY OF STATE TALL, ANASSEE, FLORID.

K. SALY FEB 15 2018

## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			

The enclosed Articles of Amendment and fee(s) are submitted for filing,

Craig A. Gaskins Name of Person
Craig's Home Services L.C.
9216 Marshard Ln. Address
Selving Florida 33875 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Area Code Daytime Telyhone Number

Enclosed is a check for the following amount:

□ S25.00 Filing Fee

□ \$30.00 Filing Fee &

☐ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

Alexandry Sent Check Long Copy (Additional copy is enclosed)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

FILED

18 FEB 14 PM 1: 56

SECRETARY OF STATE
TALL MHASSEE, FLORIDA

Chair's Home	Sienvil	ros Lini	TALL ATTASSEE, FLORIDA
Craig's Home	d Liability Comp A Florida Limited	pany as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number \( \frac{18000207}{207} \)	ıbility Compan		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the we	ords "Limited Lial	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	ण <u>, ज्याद्यक्त</u>	
(Principal office address MUST BE A STREET	(ADDRESS)	<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	Same	
B. If amending the registered agent and/or registered agent and/or the new registered off			ecords, enter the name of the nev
Name of New Registered Agent:	5		
New Registered Office Address:	Sners	Enter Florida street	address
	Silvin		Florida 358 75 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:

FILED

MGR = Manager AMBR = Authorized Member

18 FEB 14 PM 1: 56

2 617 71310	Authorized Alember			
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action
MGR	Craig Allen Gaskins Craig Hism Survives N.C.	9216 M Sebrine F	ankland Lane	_ ₩ ∧dd
	THOMAS DAVING THE		······································	Remove
				🗗 Change
- <del></del>				🗆 Add
				Remove
				Change
<del></del>		<del></del>		
		<del></del>		Remove
				Change
				□ Add
				🗆 Remove
				Change
				□ Add
				_□ Remove
				Change
				🖸 Add
				_□ Remove
				<b></b>

	. Shawanna Duncan 863-386-1394 (04/04) 03/02/2018	11:05:01 AM		
D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)		
-				
-				
-				
-				
-				
_				
·				
•				
•		<del>* * * *</del>		
(If an of <u>Note:</u>	tive date, if other than the date of filing: (Secretary of the date of filing or more than 90 days after for the date inserted in this block does not meet the applicable statutory filing requirements, this anent's effective date on the Department of State's records.	ling.) Pursuant to 605.0207 (	3)(b) he	
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a. a 90th day after the record is filed.	m. on the earlier of:		
rs	n y tradi	SECI TALL	<b>≅</b>	
Dated	Casic allow Boshin	RETARY (	¥1 833	FILE
	Signature of a member or authorized representative of a member  Cruz Co Allan Constants  Typed or printed name of signee	OF STATE E, FLORIDA	95 ti	E D
	Typeti or printed name of signee	NE NE	8	

Page 3 of 3

Filing Fee: \$25.00