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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Total Hause Service JIC 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:
JOHANN LEON Name of Person
Name of Person
TOTAL HAUSE SERVICE JIC Firm/Company
2010 Royal Bay BIVD Apt 116
Kissimmee Fl 34746
City/State and Zip Code Johann. Leon. Cognail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To HANN IFON. at (754) 366 2203 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 OF

TOTAL HOUSE	SERVICE	-			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now a Limited Liability Com	appears on opensy)	our records.)		
The Articles of Organization for this Limited Liability (Company were filed	on	129/201	8 and a	ssigned
(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					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) or this Limited Liability Company were filed on				
The new name must be distinguishable and contain the words "Lin	nited Liability Company.	" the designa	ation "LLC" or the a	bbreviation "	L.L.C."
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDI	RESS)			3	_
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(Mailing address MAY BE A POST OFFICE BOX)			•••		- Š
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registered agent and/or the new registered office add	sterea office addre <u>lress here</u> :	ss on our	records, <u>enter</u>	the name	of the ne
	····				
Name of New Registered Agent:					
New Registered Office Address:					
-	Ent	er Florida str	reet address		
		-1.50	, 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Title **Address** Name 2010 Royal Bay BLVD Apt 116 - Add Kissimmee Fl 34746 MGR JOHANN IEON ☐ Remove ☐ Change GENNY C. AGUILLON 2010 Rayal Bay BLVO Apt 116 AAdd AMBR Kissimmee fl 34746 □ Change 2010 Rayal Bay BLVO Apt 116 MAdd AMBR JASSON A LEON Kissimmee Fl 34746 ☐ Change □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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effective date is listed, t	he date must be specific	c and cannot be pr	ior to date of filing	or more than 90 days at	fler filing.) Pursuant to 6	05.02
te: If the date inserted tument's effective date	i in this block does in entitle on the Department	of State's recor	ds.	iling requirements, t	his date will not be in	isted
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	Signature	A Total	nhorized represent	ntive of a member	-	

Page 3 of 3

Filing Fee: \$25.00