

L18000046D10

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

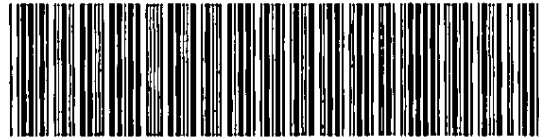
(Business Entity Name)

(Document Number)

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2018 MAR -5 AM 9:34
FILING OFFICE
ALABAMA SECRETARY OF REVENUE

FILED

MAR 07 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Total Home Services of Florida LLC

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:

William DeVaughn

Name of Person

Total Home Services of Florida, LLC

Firm/Company

5297 Hondo Way

Address

Orlando, FL 32810

City/State and Zip Code

lowbudgethomeservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alec Solomita

407

300-1082

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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:

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 Home Services of Florida LLC

(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 02/20/2018 and assigned
Florida document number L18000046010.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2018 MAR -5 AM 9:06
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5297 Hondo Way

Enter Florida street address

Orlando

City

Florida 32810

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 amehding 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>	<u>Type of Action</u>
MGR	William DeV Vaughn	5297 Hondo Way	<input checked="" type="checkbox"/> Add
		Orlando, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alec Solomita	5297 Hondo Way	<input type="checkbox"/> Add
		Orlando, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
2010 MAR-5 AM 9:30
TALAMON ASSOCIATES, INC.

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 1 2018

Abi

Alec Solomita, authorized representative

Typed or printed name of signee

2016 MAR -5 AM 9:36
CENTRAL OF S.M.B.
DATE 03/05/2016

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