



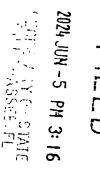
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D6/05.74 -01013--002 **50.00



COVER LETTER

TO: Registration Sec Division of Corp		·	
SUBJECT: S	outh Bay Home	Services LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Peter Zachm	Name of Person	
	South Bay	Home Services LL	<u>C</u>
	4832 Sandi	4 Glen Way	
	<u>Wimauma,</u>	FL 33598 City/State and Zip Code	
	pazachlelo Off-mail address: (1	@ gmail.com to be lised for future annual report notif	ication)
For further information coa	ncerning this matter, please ca	all:	
Peter Zachr Name of	nann Person	at (<u>410</u>) <u>241-19</u> Area Code Daytime	192 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:	į	Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soury Day Home Service (Name of the Limited Liability Com (A Florida Limite	npany as it now appears on	our records.)	
(A FRANKI DIII)	ca many company		
The Articles of Organization for this Limited Liability Compa	my were filed on <u>Marc</u>	<u>h la, 2018</u> and	l assigned
Florida document number <u>L180000 64111</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	ation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	-		
(Principal office address MUST_BE A STREET ADDRESS)			
		, SEC. 024	
			77
Enter new mailing address, if applicable:		- 5	
		77 TO	
(Mailing address MAY BE A POST OFFICE BOX)	-	ြို့ကို ယူ	h
B. If amending the registered agent and/or registered offic	ce address on our recor	ds, <u>enter the name of the</u>	new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Name Danistand Office Address			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City	Zip C	ode

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Brandon Yates	6613 Dolphin Core Dr.	T Add
		Apollo Beach, FL 3357a	□Remove
			□Change
<u>AMBA</u>	Mark Wentworth	721 Tremont Greens Lo	∟ □Add
		Sun City Center, FL 335	73 PRemove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			Change

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Signature of a member or authorized representative of a member	is filed.		
Signature of a member or authorized representative of a member	is filed.		
	is filed.	May 31	

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