## 100732

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## **COVER LETTER**

	gistration Sect vision of Corp		· .		
evis mean		art Services, LLC			
SUBJECT	-	Name of Limit	ted Liability Company		
The enclose	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please retur	n all correspon	dence concerning this matter t	o the following:		
		Luis Soto			
			Name of Person		
		@Home Smart Services, LI	LC		
			Firm/Company		
		12353 NW 54th Ct			
			Address	·····	
		Coral Springs, FL 33076			
			City/State and Zip Code		
		Luiss549@gmail.com			
		h-mail address: (to	o be used for future annual rep	ort notification)	
For further i	nformation cor	ncerning this matter, please ca	II:		
Luis Soto			954 993-2 at ( )	2942	
	Name of I	'erson	Area Code	Daytime Telephone Number	
Enclosed is	a check for the	following amount:			
□ \$25.00 i	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified C	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

@Home Smart Services, LLC						
(Name of the Lim	ited Liability Cor (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)			
The Articles of Organization for this Limited Porida document number £18000100732	•	any were filed on $\frac{4/2}{2}$	23/2018	an	d assign	ned
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited li	iability company he	ere:			
All Smart Home Services, LLC						
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the d	esignation "LLC" or (	he abbreviation	on "L.L.C	
Enter new principal offices address, if appli	N/A					
Principal office address MUST BE A STRE		)				
Enter new mailing address, if applicable:		N/A		FAL IV	201 <b>8 H</b> A	
Mailing address MAY BE A POST OFFICE	E BOX)			SE TARY	AY	
				SSE	6	Ĩ*-
				T. G.	PH	П
3. If amending the registered agent and registered agent and/or the new registered of			our records, <u>er</u>	iter Ihé^na	S S S O	the nev
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Flor	ida street address			
			, Florid			
		Cirv		Zin (	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>	Address	Type of Action
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			Change
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