## L18000117560

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
|                         |                    |             |
| (Do                     | cument Number)     | <del></del> |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         | ·                  |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



500318666715

09/25/18--01002--UZ1 \*\*60.00

2018 SEP 24 PM 6: 02

18 SEP 24 AM 9:

DIVISION OF COMPRESSION

SEP 2 7 2018

## **COVER LETTER**

| TO: Registration S<br>Division of Co | rporations                                   |   |  |
|--------------------------------------|--|---|--|
| SUBJECT:                             | Treasure Honos                               | F Solution LL<br>ited Liability Company                             | <u>C</u>   |
| The enclosed Articles of             | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all corresp            | ondence concerning this matter               | to the following:   |  |
|                                      | Dehathe                                      | Name of Person  |  |
|                                      | Trassino )                                   | fame Solution L   | (C   |
|                                      | 7/c le Ba                                    | Address   |  |
|                                      | Landina I                                    | City/State and Zip Code   |  |
|                                      | MCCS VILE Honis E-mail address: ()           | Sch fier UC @ Eme<br>to be used for future annual report notifi     | cation)  |
| For further information              | concerning this matter, please ca            | dl:   |  |
| Dehethe Name                         | JeSay 5 of Person                            | at ( <u>S61</u> ) <u>9C4 –</u><br>Area Code Daytime                 | 1835 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

| NELSME Home   | Solution UC   |                                 |                          |
|---|---|---------------------------------|--------------------------|
| (Same of the Limit  | ed Liability Company as it now appe<br>(A Florida Limited Liability Company | ars on our records.)            |                          |
| The Articles of Organization for this Limited Li  | ability Company were filed on _   | 9/19/2018                       | and assigned             |
| This amendment is submitted to amend the follo  |   |                                 |                          |
| A. If amending name, enter the new name of  |   | here:                           |                          |
| 7 5.  |   |                                 |                          |
| The new name must be distinguishable and contain the w                                    | ords "Limited Liability Company," the                                       | designation "LLC" or the ab     | breviation "L.L.C."      |
| Enter new principal offices address, if applic  | able:   |                                 | <b>26</b> ∑ <sub>2</sub> |
| (Principal office address MUST BE A STREE   | T ADDRESS)  |                                 | <u> </u>                 |
|   |   |                                 | 7 32 m                   |
|   |   |                                 | 글 장우리                    |
| Enter new mailing address, if applicable:   |   |                                 | 9.                       |
| (Mailing address MAY BE A POST OFFICE .   | BOX)  |                                 | 60<br>40t,               |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of |   | on our records, <u>enter</u>    | the name of the          |
| registered agent and/or the new registered or   |   | -                               |                          |
| Name of New Registered Agent:   | Dehothy J   | oseph                           |                          |
| New Registered Office Address:<br>Oled address Not  | 710 W Bre   | nch SF<br>forida street address |                          |
| Charagis  | Lantane Cir   | , Florida                       | 7346°2.<br>Zin Code      |
| New Registered Agent's Signature, if changing b   | legistered 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, 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 |
|--------------|----------------|-----------------|----------------|
| MBR          | Dehethy Joseph | 710 W Branch St | Add            |
|              |                |                 | Remove         |
|              |                |                 | Change         |
|              |                |                 |                |
|              |                |                 | □ Remove       |
|              |                |                 | Change         |
|              |                |                 |                |
|              |                |                 | Remove         |
|              |                |                 | Change         |
|              |                |                 |                |
|              |                |                 | Remove         |
|              |                |                 | Change         |
| <u></u>      |                |                 |                |
|              |                |                 | Remove         |
|              |                |                 | Change         |
|              |                |                 |                |
|              |                |                 | 🗆 Remove       |
|              |                |                 | Change         |

| ·   |                     |           |
|---|---------------------|-----------|
|   |                     |           |
|   |                     |           |
|   |                     |           |
|   |                     |           |
|   |                     |           |
|   | ·                   |           |
|   |                     |           |
|   |                     |           |
|   | <u> </u>            | <u>ww</u> |
| <del> </del>  |                     | ) ZW      |
|   |                     |           |
|   | 99                  |           |
|   | 96                  |           |
| tive date, if other than the date of filing:  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90.  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. |                     |           |
| ecord specifies a delayed effective date, but not an effective time, at<br>ne 90th day after the record is filed.   | . 12:01 a.m. on the | : earliei |
| September 19 2018   |                     |           |
| ed September 19. 2018.  Signature of a member of authorized representative of a member.   | hur                 |           |

Page 3 of 3

Filing Fee: \$25.00