# L18000121843

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M. MILLIGAN NOV 1 4 2018

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Fr	INK Home Service	es, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frank	Tanon Name of Person	
		Name of Person	
	Frank	Home services, LLC	
		rim/Company	
	2491 Hassa	onite St Address	
		Address	
	Lissim	mec FL 34744  City/State and Zip Code  City/State and Zip Code  to be used for future annual report notif	
	<u>^</u> ,	City/State and Zip Code	
	E-mail address: (	On Wan (On)	ication)
For further information c	oncerning this matter, please ca		
<del></del>	410	at () Area Code Daytime	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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:

TO:

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

Frank Hz	ome Services, LLL
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on 5/15/18 and assigned 2.
This amendment is submitted to amend the following	ng:
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 A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the naddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida

### 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 or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Frank M. Tanon	2491 Hassonite St Kissinnmee, FL 34744	DAdd
		E.50 (MARCE   FL 39 744	Remove
			Change
	<del>-,</del>		Add
		·	П Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change

or it amending any other hillorination, t	enter change(s) here: (Attach additional sheets, if	necessur <sub>y</sub> .,
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	, <u>, , , , , , , , , , , , , , , , , , </u>	
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	ecific and cannot be prior to date of filing or more than 90 days sees not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.0207 (3)(
f the record specifies a delayed effe b) The 90th day after the record is	ctive date, but not an effective time, at 12:0 s filed.	01 a.m. on the earlier of:
Dated November 14th	Λ. 2018	4 yr 20
		2018 NOV 14
Signat	ure of a member or authorized representative of a member	## P
	Trook of Tools	יר פר וּיר
	Frank M Tanon Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00