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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	<u></u>
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer	
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COVER LETTER

Div	ision of Cor	porations		the following: Name of Person		
SHRJFCT:	J.R.W hom	ne sevices IIc				
JOBOLC 1.		Name of Lin	Name of Limited Liability Company			
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.			
		ndence concerning this matter	-			
		James Whalen				
			Name of Person			
		J.R.W home sevices llc	Name of Person Name of Person Name of Person Address Address ida 33914 City/State and Zip Code 239@gmail.com iil address: (to be used for future annual report notification) or, please call: 239 389-4822 at (
			Firm/Company			
1422 Cape Coral Parkway West						
		-	Address	·····		
		Cape Coral Florida 33914				
		jrwhomeservices239@gmai				
		E-mail address: (to be used for future annual report notif	ication)		
or further in	nformation co	oncerning this matter, please ca	all:			
James Wha			at ()			
	Nume of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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

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

J.R.W home sevices LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record Liability Company)	<u></u>
he Articles of Organization for this Limited Liability Compar	ny were filed on06/09/2018	and assigned
lorida document number L1800165649		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lis	ability company here:	
I.R.W home services LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		202
nter new mailing address, if applicable:		
		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		ls, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		- - -
	Enter Florida street addre	SS
		lorida
	City	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 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>	<u>Address</u>	Type of Action
MGR	Enden Moore	1422 cape coral pkwy west cape coral fl 33914	
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			□ Remove
			☐ Change
			75. 18
			☐ Remove
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an effective date is liste lote: If the date inse	her than the date of ed, the date must be speci erted in this block does date on the Departmen	ific and cannot be prices not meet the appli	or to date of filing or icable statutory fili	(option or than 90 days after ing requirements, this	onal)	ant to 605	5.02
redirective	date on the Departmen	it of State 5 fecord.	5 .				
e record specifie The 90th day af	s a delayed effect ter the record is f	tive date, but n	ot an effective	time, at 12:01 a	a.m. on th	e earli	er o
11/6/2018 ated		—· <i></i>	T'/				
	Il in t	K Wh	,////	 -			
	Signature	e of a member or auth	horized representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00