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(Re	equestor's Name)	
(Ad	dress)	-
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

FO: Registration Se Division of Cor			
би в јест: <u>Ел</u>	Core Home Solu Name of Lim	tions LLC 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:	
		Tracy Clark Name of Person	
		Firm/Company	
	_2730 Sora-	toga Rd. Address	
	Deland,	Address F1. 32720 City/State and Zip Code (CK320 gracil. Columbia de Columb	
	Tracy, C. E-mail address: (OCK 32 D GMail. Col	<u>ncation)</u>
For further information of	concerning this matter, please co		
Tracy (Tark f Person	at (<u>1615</u>) 7/4-8 Area Code Daytime	2544 Telephone Number
Enclosed is a check for t	he 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Encove Home	Solutions LLC
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) Ja Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed onand assigned
Florida document number <u>F18000 89 [[18</u>	 ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, enter the name of the new dress here:
	SECRI ALL A
Name of New Registered Agent:	
New Registered Office Address:	<u>ii</u> ≪ ∞ []
	Enter Florida street address
	City Florida 20 20 20 20 20 20 20 20 20 20 20 20 20

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
AMBR	Kanesha Clark	2730 Saratoga Rd Deland, Fl. 3	2720 🗷 Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
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If an eff Note:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
~ .	
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member // C. Clark Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00