

L19000038364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

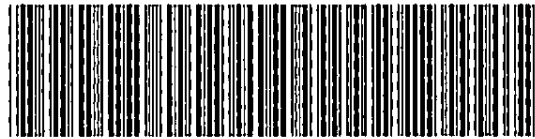
(Business Entity Name)

(Document Number)

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2020 JUN -1 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 02 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Line Home Solutions, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A. Scorcua III  
Name of Person

Blue Line Home Solutions, LLC  
Firm/Company

16377 Mudron St.  
Address

Brooksville, FL 3464  
City/State and Zip Code

Johnscorcua14@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Scorcua at (727) 236-0539  
Name of Person Area Code Daytime 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)

*see attached letter + copies of cashed check*

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Blue Line Home Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/7/2019 and assigned  
Florida document number L19000038364

This amendment is submitted to amend the following:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blue Line Home Solutions LLC  
16377 Mudron St.  
Brooksville, FL 34604

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

John A. Scorcio III  
16377 Mudron St.  
Brooksville, Florida 34604  
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.

John A. Scorcio III  
If Changing Registered Agent, Signature of New Registered Agent

ADD-SS  
~~SS~~ Change

☐ Add

☒ Remove

☐ Change

☒ Add

☐ Remove

JUN 9 1964

ALLAHABAD, INDIA

SECRETARY OF STATE  
ALLAHABAD, INDIA

2020 JUN -1 AM 9:09  
SECRETARY OF STATE  
ALLAHABAD FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 25<sup>th</sup> 2020.

*Blane Scobie*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Diane Scorcia  
Typed or printed name of signer

Typed or printed name of signee

**Filing Fee: \$25.00**