

**L190001954483**

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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19 JUN 24 AM 10:50

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALL IN ONE COMPLETE HOME SOLUTIONS LLC**

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D SCOTT

JUN 25 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALL IN ONE COMPLETE 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:

**Cheyenne Moseley**

*Name of Person*

**Legalzoom.com, Inc.**

*Firm/Company*

**101 N. Brand Blvd., 11th Floor**

*Address*

**Glendale, CA 91203**

*City/State and Zip Code*

**aiohomesolutions@aol.com**

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

**Cheyenne Moseley**

*Name of Person*

**800**

at ( )

*Area Code*

**773-0888 ext. 9724**

*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)

**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

TO  
ARTICLES OF ORGANIZATION  
OF

ALL IN ONE COMPLETE 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 04/09/2019 and assigned Florida document number L19000098007

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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: Tricia Constantino

New Registered Office Address: 17249 Helen K Dr.  
*Enter Florida street address*

Spring Hill, Florida 34610  
*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.*

*Tricia Constantino* Tricia Constantino  
*If Changing Registered Agent, Signature of New Registered Agent*

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PATTY CONSTANTINO	17249 HELEN K DR	<input type="checkbox"/> Add
		SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Remove
AMBR	Constantino-Martin, Patricia	17249 Helen K Dr.	<input checked="" type="checkbox"/> Add
		Spring Hill, Florida 34610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/17/19 \_\_\_\_\_

Patricia Constantino Martin  
Signature of a member or authorized representative of a member

Patti Constantino-Martin  
Typed or printed name of signee