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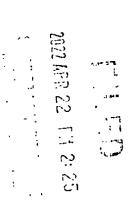
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COVER LETTER

TO: Registration Section **Division of Corporations** ACUMEN HOME IMPROVEMENT AND REAL ESTATE SERVICES LLC SUBJECT: 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: SAMARION PITTS-MARSHALL Name of Person Firm/Company 19232 STONE HEDGE DR Address **TAMPA, FL 33647** City/State and Zip Code 911SELLTAMPA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAMARION PITTS-MARSHALL 813 992-6942 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACUMEN HOME IMPROVEMENT AND REAL ESTATE SERVICES LLC

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

(A Flor	ida Limited Liability Company)	: 23 '
The Articles of Organization for this Limited Liability	61.105/06/2019	
	Company were med on	and assigned
Florida document number 1.19000121844		, 1.3
		25
This amendment is submitted to amend the following:		, .
A. If amending name, enter the new name of the li	mited liability company here:	
ACUMEN HOME SOLUTIONS LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter now principal offices address if applicables		
Enter new principal offices address, if applicable:	· - -	
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or register	rad affice address an our records, enter t	ha numa af tha naw caristara
agent and/or the new registered office address here	:	ie name of the new registere
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Name of New Registered Agent:		
Name Description of OPE and Address		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
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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
			□Add
			□ Remove
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Effective date, if other than th	e date of filing:	_	(0	ptional)
If an effective date is listed, the date mu	ist be specific and cannot	t be prior to date of fil	ing or more than 90 days a	ofter filing.) Pursuant to 605.020
Note: If the date inserted in this bedocument's effective date on the I	Department of State's	e applicable statuto records.	ry tiling requirements.	this date will not be listed a
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Typed or printed name of signee