

L19 000146699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

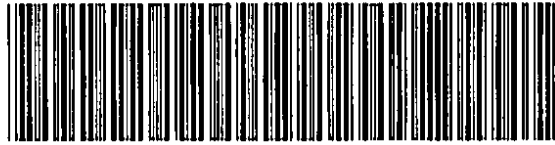
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SEP 06 2022
R. HUNT

2022 SEP -6 PM 12:07
DIVISION OF CORPORATIONS
PART OF STATE

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: On a Mission Home Services, 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:

Douglas Pierce

Name of Person

On a Mission Home Services, LLC

Firm/Company

1896 S. Tamiami Tr

Address

Venice, FL 34293

City/State and Zip Code

admin@onamissionfl.com

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

For further information concerning this matter, please call:

Paige Pierce

941

929-5733

at (_____) _____

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)

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

2022 SEP -6 PM 12: 07
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

On a Mission Home Services, I.L.C

(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 06/01/2019 and assigned
Florida document number L19000146699.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

On a Mission, LLC

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)

DIVISION OF CORPORATIONS
2022 SEP - 6 PM 12:07

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: Douglas Pierce

New Registered Office Address: 1896 S. Tamiami Tr

Enter Florida street address

Venice, **Florida** 34293
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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DIVISION OF CONSUMER AFFAIRS
STATE OF NEW YORK

2022 SEP -6 PM 12:07

DEPT. OF STATE
DIVISION OF CONCORDANCE
2022 SEP -6 PM 12:07

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/25/2022

[Signature]

Signature of a member or authorized representative of a member

Douglas Pierce

Typed or printed name of signee

Filing Fee: \$25.00