L19000152018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

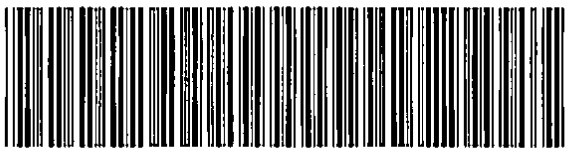
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 JUL 31 P1 2:18

Amend/Nam
ch8

AUG 20 2019

ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Residential 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:

Reshu Garg
Name of Person

Firm/Company

3340 Red Ash Cir.
Address

Oviedo / FL 32766
City/State and Zip Code

reshu6513@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reshu Garg at (203) 685-9339
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)

2019 AUG 19 PM 1:29
RECEIVED

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

RECEIVED
AUG 16 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2019

RESHU GARG
3340 RED ASH CIR
OVIEDO, FL 32766

SUBJECT: RESIDENTIAL HOME SOLUTIONS, LLC
Ref. Number: L19000152018

We have received your document for RESIDENTIAL HOME SOLUTIONS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00015816

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Residential Home Solutions, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAY 13 PM 2:

The Articles of Organization for this Limited Liability Company were filed on 5/29/2019 and assigned Florida document number L19000152018.

This amendment is submitted to amend the following:

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

Reshu Garg, 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)

3340 Red Ash Cir.
Oviedo FL 32766

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3340 Red Ash Cir.
Oviedo FL 32766

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: _____
Enter Florida street address

_____, Florida _____
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
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		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	______________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

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

E. **Effective date, if other than the date of filing:** As soon as possible August, 2019. **(optional)**

(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)

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.

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 08/14/2019

Signature of a member or authorized representative of a member

Reshu Garg

Typed or printed name of signer

Filing Fee: $25.00