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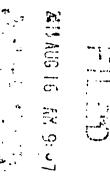
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| SUBJECT: | Name of Lin | nited Liability Company | _ |
|---------------------------|--|---|---|
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | JUAN C CERQUERA | | |
| | - | Name of Person | |
| | 2370 NAPLES TRACE C | Firm/Company IRCLE UNIT 8 | |
| | NAPLES, FLORIDA, 341 | Address | |
| | juan.camilo.cerquera@iclot | City/State and Zip Code aid.com | |
| | | to be used for future annual report noul | ication) |
| For further information | concerning this matter, please c | all; | |
| JUAN C CERQUERA | | 239 8216584 at () | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fcc | ☐ \$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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE SQUARD HOME SOLUTIONS, LLC

| (Name of the Limited Liability (A Florida L | Company as it now appears on our records.) Jimited Liability Company) | |
|--|---|--|
| The Articles of Organization for this Limited Liability Cor | mpany were filed on August 07, 2019 | and assigned |
| Florida document number L19000201341 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| ELITE SQUAD HOME SOLUTIONS, LLC | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or register | red office address on our records, | enter the name of the ne |
| registered agent and/or the new registered office addres | ss nere: | 67 |
| N. C.V. D | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | الله الله الله |
| | Flori | da |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered A | Agent: | |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change. | uplete performance of my duties, and nt as provided for in Chapter 605, F. | I am familiar with and S. Or, if this document is |

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|----------------|----------------|
| | | | Add |
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| Effective date, if other than the date of filing: (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 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The Poth day after the record is filed. Dated August 14 2019 Nignature of anytimber or anthonized representative of a member. BUAN C CERQUIREA | -, · | other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|--|--|
| (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated August 14 2019 Signature of a member or authorized representative of a member | | |
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| Signature of a member or authorized representative of a member | August 14 | 2019 |
| | | /iAW CAMILO/ ENCUENA |
| JUAN C CERQUERA | | Signature of a member or authorized representative of a member |
| | JUAN C | CERQUERA |

Page 3 of 3

Filing Fee: \$25.00