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(Business Entity Name)

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2019 OCT 28 PM 2:34
California Department of State

NOV 22 2019
T. L. TEUK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F.T.M. HOME Solutions And Property Management
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:

Sophia Fulton

Name of Person

F.T.M. HOME Solutions And Property Management

Firm/Company

1887 NW 48st

Address

MIAMI FL 33142

City/State and Zip Code

SOPHIA.FULTON99@G.MAIL.COM

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

For further information concerning this matter, please call:

Sophia Fulton at (786) 488-1863
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ETM HOME SOLUTIONS And Property Management
(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 10/24/19 and assigned Florida document number L19000208088

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 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)

1887 NW 48st
Miami, FL
33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1887 NW 48st
Miami, FL
33142

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:

Sophia Fulton

New Registered Office Address:

1887 NW 48st

Enter Florida street address

Miami

City

Florida

33142

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.

Sophia H. Fulton

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

Title	Name	Address	Type of Action
AR	Harold W. McIntyre	1842 NW 71st	<input type="checkbox"/> Add
		Harold ^{Miami} FL 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Alexia M. Tramel	19202 NW 34ct	<input type="checkbox"/> Add
		Miami Gardens FL	<input checked="" type="checkbox"/> Remove
		33056	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The ARE NO Authorized Agents of my business At the present time All decisions will be made by me the owner "Sophia Fulton" Any correspondence ~~to~~ should ~~not~~ be Submitted to Sophia Fulton At her Address on record And phone number

E. Effective date, if other than the date of filing: 10/25/19 (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 10/24/19
Sophia Fulton
Signature of a member or authorized representative of a member
Sophia Fulton
Typed or printed name of signer