## L1900 a17 301

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

	stration Section of Corp			
SUDIECT		READ Hor	ne Services LLC	
SUBJECT: _		Name of Lim	ited Liability Company	
		mendment and fee(s) are sub		
Please return a	an correspon	dence concerning this matter	to the following:	
			Alexander L Abbott	
			Name of Person	<del></del>
		R	EAD Home Services LLC	
			Firm/Company	
			125 Lookout Drive	
			Address	
			Apollo Beach, FL 33572	
			City/State and Zip Code	
			eadhomeservices@gmail.co	
For further inf	formation co	ncerning this matter, please ca	•	
	Alexander	L Abbott	at ( <u>813</u> ) <u>461-30</u> Area Code Daytin	34
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	following amount:		
<b>Œ</b> \$25.00 Fil	ling 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)
		NG ADDRESS:	STREET/COUR	HER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

	ne Services LLC	CEN CEP 19 P 2-34
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now apper orida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L19000217301</u>		08/26/2019 11 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company l	<u>iere</u> :
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 AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office a		n our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Fatar El	orida street address
	Enter rie	mua sirvei autiviss
_	29	, Florida
	City	ыр Соие

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>	Name	Address 125 Lookout Drive	Type of Action
MGR	Alexander L Abbott	Apollo Beach, FL 33572	<b>X</b> Add
			Remove
			Change
			□ Remove
			Change
			🖸 Add
			Remove
			Change
		<del></del>	
			□ Remove
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	<u></u>	□ Remove	
			Change
			Remove
			☐ Change

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(If an effective Note: 1	ce date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	September 18 2019
	Signature of a member or authorized representative of a member
	Kellie J Abbott
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00