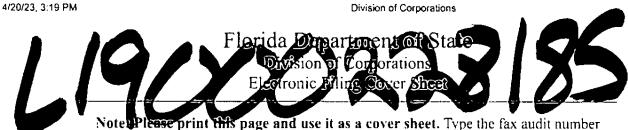
Division of Corporations



(((H23000148246 3)))

(shown below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMPLETE MAINTENANCE & HOME WATCH SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

APR 2 1 2023

im: AMANDA'JOHNS (Fa	x: 18139325244	To:	Fa×: (8:	50) 617-6383	Page: 3 of 6	04/20/2023 3:21 PM
			COVER LETT	rer	H2:	3000148246 3
TO: Registration Division of C	Section orporations					.5
SUBJECT: COMP	LETE MAINT		& HOME WATCH mited Liability Company	I SERVICE S LL	<u>C •</u>	
The enclosed Articles	of Amendment and	d fee(s) are su	ibmitted for filing.			
Please return all corres	pondence concern	ing this matte	er to the following:			
	AMAND	A JOHNS	Name of Person			
			Name of Person			
	CONTRA	ACTORS I	REPORTING SEF	RVICE INC		
			Firm/Company			
	13795 N	NEBRAS	KA AVE			
			Address		···	
	ТАМРА,	FL 33613				
			City/State and Zip Co	ode	-	
	info@acti	vatemylice E-mail address:	ense.com : (to be used for future and	nual report notification)	
For further information	concerning this r	natter, please	call:			
AMANDA JOHN	S		813	932-5244		
Name	of Person		Area Code	Daytime Telep	hone Number	
Enclosed is a check for	the following am	ount:				
□ \$25.00 Filing Fee	□ \$30.00 Fi Certifica	ling Fee & ate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	y	S60.00 Filing Certificate of Certified Cop tadditional copy	f Status & oy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

From: AMANDA'JOHNS Fax: 18139325244

Fax: (850) 617-6383

7o:

Page: 4 of 6

04/20/2023 3:21 PM

H23000148246 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPLETE MAINTENANCE & HOME V	VATCH SERVICES LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L19000228185		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
COMPLETE MAINTENANCE & HOME IMPROVEMENTS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	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)		
	-	
B. If amending the registered agent and/or registered office a	adding an our records anton the	nome of the new parietored
agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		<u>~</u>
New Registered Office Address:		75
New Registered Office Address.	Enter Florida street address	ಸ್
	, Florid	a : 20 :-
	City	Zip Cade
New Registered Agent's Signature, if changing Registered Agent:		5: N

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 amending	NS Fax: 18139325244 To: g Authorized Person(s) authorized to n from our records:	Fax: (850) 617-6383 Pananage, enter the title, name, and addr	rage: 5 of 6 12 3 04/20/2023 3:21 PM ress of each person being added
MGR = M $AMBR = M$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			☐Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			□ Change
			□Add

□Change

□Add

_ □Remove

From: AMANDA'JOHNS Fax: 18139325244 To:
DocuSign Envelope ID: 008D52F8-8E94-459F-A5CC-3432C0B4E35C

Fax: (850) 617-6383

Page: 6 of 6

04/20/2023 3:21 PM H23000148246 3

		_
		_
		_
		_
_		_
_		
		<u> </u>
		
		
		<u> </u>
If an effecti <u>Note:</u> If I	e date, if other than the date of filing:	605.0207 (listed as t
e record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a l.	fter the
Dated	APRIL 20 2023	
	Occusioned by:	
	Signature of a member of anishmozed representative of a member	