L190000228857

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R. WHITE NOV 2 5 2018

COVER LETTER

TO: Registration Section **Division of Corporations** AAA Home Services and Solutions, LLC SUBJECT: _ 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: Mariano R. Alvarez Name of Person Firm/Company 4025 SW 103 Avenue Address Miami, FL 33165 City/State and Zip Code
AAAHOMESERVICES.SOLUTIONSLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mariano R. Alvarez 305 219-4551 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee S30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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 2019 007 24 711 8: 40

(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 Liabi	ility Company were filed on September 10, 2019	and assigned
Florida document number L19000228857	•	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicabl	ie:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, en	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florida	Zip Code
	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>	Address	Type of Action
AMBR	Mariano R. Alvarez	4025 SW 103 Ave Miami, FL 33165	. ■ Add
			Remove
			☐ Change
			_ □ Remove
			☐ Change
			Add
			Remove
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ffective date, if other that an effective date is listed, the d Note: If the date inserted in locument's effective date or	this block does not me	et the applicable st	of filing or more than 90 ntutory filing requiren	(optional) days after filing.) Pursuant to nents, this date will not be	o 605.0207 (e listed as t
e record specifies a de The 90th day after th		te, but not an	effective time, at	12:01 a.m. on the e	arlier of:
September 27 Dated	/)	2019			
	Chi	len) .		
- <u></u>	Signature of a me	patter or authorized	epresentative of a memb	er	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00