L19000 233647

| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
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| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Letter Number: 220A00020547

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2020

BRYAN BETHANY 13799 PARK BLVD UNIT 193 SEMINOLE, FL 33776

SUBJECT: FIRST CHOICE HOME SERVICES OF PINELLAS COUNTY LLC

Ref. Number: L19000233647

We have received your document for FIRST CHOICE HOME SERVICES OF PINELLAS COUNTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

- COVER LETTER

TO:

| TO: Registration Se Division of Cor | porations | | |
|--|--|---|--|
| SUBJECT: FICS | Mame of Limi | ted Liability Company | Pinellas Com |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | Bryan | Bethany Name of Person | |
| | | Firm/Company | |
| | 13799 Pa | Address) | n: + 193 |
| | Sininol | FL 33 City/State and Zip Code | 776 |
| | Your first Cho E-mail address: (b | City/State and Zip Code o be used for future annual report notifi | ication) Jan; I. con |
| For further information co | Dettangering this matter, please ca | 127, 204 | · 5245 Telephone Number |
| Enclosed is a check for th | e 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 S | | Street Address: Registration Sec | tion |
| Division of C | | Division of Corp | |
| P.O. Box 632 | 7 | The Centre of Ta | allahassee |
| Tallahassee, F | 9. 32314 | 2415 N. Monroe | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| First Choice H | one Servi | as of P | nellos Conty |
|--|-----------------------------|--------------------------------------|---------------------------------|
| (<u>Name of the Limite</u> (| A Florida Limited Liability | ow appears on our record Company) | (18.) |
| The Articles of Organization for this Limited Lia | bility Company were fi | led on 9 - \ 6 | and assigned |
| Florida document number 190023 | 3647 | | |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liability co | npany here: | |
| , | | | |
| The new name must be distinguishable and contain the we | rds "Limited Liability Comp | pany," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or re agent and/or the new registered office address | | on our records, enter | the name of the new registered |
| Name of New Registered Agent: | Bryan | Bethan | у |
| New Registered Office Address: | 13891 7 | 7th Ave | |
| | Somion | Enter Florida street addre: | orida 33776 |
| | 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 Begistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address 12 SQ1 77th Ave 12 12 23 | Type of Action |
|--------------|------------------|--|----------------|
| 4MBR | Brand: Bulthazar | Address 13891 77th Ave Seminale FL 33776 | □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 do Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | (optional) ate of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a |
| e record specifies a delayed effective date, but not an effective time, rd is filed. | at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated 2020. | |
| | |

Filing Fee: \$25.00