## L19000233647

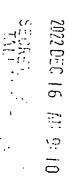
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeoid: instructions to 1 imig officer.
_

Office Use Only



800399111958

12/16/22--01006--026 \*\*25.00



## **COVER LETTER**

TO:	Registration Se Division of Cor				
CUDIE	First Choice				
SUBJE	CI:	Name of Lim			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspo	ndence concerning this matter	to the following:		
		Brandi Bethany			
			Name of Person		)
		Frist Choice Home Service	es	10800 10800 108000	2
Firm/Company			, - ハ		
13799 Park Blvd, Unit 193		ı	*.		
			Address	31,	Ó
		Seminole, FL 33776		113	0
		<del>-</del>	City/State and Zip Code	<del></del>	
		yourfirstchoicehomeservice	<del></del>		
		E-mail address: (	to be used for future annual report notif	ication)	
For furt	her information o	oncerning this matter, please c	all;		
Brandi	Bethany		813 833-4826 at ( )		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
<b>=</b> \$25	5.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroo Tallahassee, FL	oorations allahassee : Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Choice Home Services of Pinellas County LLC (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  $\frac{09/16/2019}{1}$  and assigned Florida document number L19000233647 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." 10851 Endeavour Way Enter new principal offices address, if applicable: Unit B4 (Principal office address MUST BE A STREET ADDRESS) Largo, FL 33777 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Change
			A D Remove
			© Change
			□Remove
			□∧dd
			□Remove
			□Change
			DAdd □
			□Remove
			□Change
			□Add
			Remove
			□ Change

				<del></del>
			<u>-</u>	
	<u> </u>			<del></del>
	<del></del>			
				<del></del>
		<del></del> .		
				·
				20
		<del>.,,</del>		
	<del></del>		• (-)	<u> </u>
			<u> </u>	
	- <del>.</del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
				——————————————————————————————————————
	<del></del>			· · · · · · · · ·
			· <u>-</u>	<del></del>
fective date, if other than the date of filing:			(optional)	
<pre>lective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior nte: If the date inserted in this block does not meet the applic</pre>	r to date of filing	or more than 90 da	ys after filing.) Pur	suant to 605.020
becament's effective date on the Department of State's records.		ining requiremen	nts, this date with	not be fisted a
record specifies a delayed effective date, but not an effective ti is filed.	ime, at 12:01 a.	m. on the earlie	r of: (b) The 90	th day after th
ated December 14 2022	<u> </u>			
	<b>/</b> _			
	10			

Filing Fee: \$25.00