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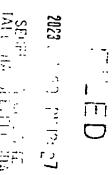
(Requé	estor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer;	

Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

FIRST CHC	DICE HOME SERVICES OF P			
	Name of Limit	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for tiling.		
Please return all correspo	ndence concerning this matter t	to the following:		
,	BRANDIBETHANY			
		Name of Person		
		Firm/Company		
	13891 77TH aVE			
		Address		
	SEMINOLE, FL 33776			202 SE
	YOURFIRSTCHOICEHON	City/State and Zip Code AESERVICES@GMAHCOM		
For further information c	E-mail address: () oncerning this matter, please ea	to be used for future annual report not:	heation)	<u>.</u>
BRANDI BETHANY	•	813 833-4826		
Name o	f Person	Area Code Daytim	e Telephone Number	41 7
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co The Centre of	rporations	
P.O. Box 632	27	The Centre of	rananassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST CHOICE HOME SERVICES OF PINELLAS	COUNTY LLC	
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9/16/2019	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 liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10851 ENDEAVOUR WAY	
Principal office address MUST BE A STREET ADDRESS)	SUITE B4	
	LARGO, FL 33777	202 SE
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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
AMBR	BRANDIBETHANY	13891 77TH AVE, SEMINOLE, FL 33776	■ Add
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			□ Change
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			Change
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cument's effective date on the Depa				, , ,				
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