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COVER LETTER

Division of Cor		•	
SUBJECT: 6, A	Homeservic Name of Lim	es LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gregory F	Mame of Person	
		Firm/Company	
	449 (asa G	rande Address	
	Edgewater,	FL 3Z141 City/State and Zip Code	
	gahome ser vice	estic Egmail 60 to be used for future annual report not	M ification)
For further information c	oncerning this matter, please ca	all:	
Gregory Name o	Allen f Person	at (<u>386</u>) <u>383</u> Area Code Daytin	0437 ne Telephone Number
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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ices, LLC	
(Name of the Limited Liabili (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (and assigned
		_ and assigned
Florida document number <u>L 19000 267452</u>	<u></u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	201
G. A. Home Servi The new name must be distinguishable and contain the words "Lin	ces, LLC = 22	2019 DE
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC" or the abbre	viation L.L.C.
Enter new principal offices address, if applicable:		2 77
Principal office address MUST BE A STREET ADDI	RESS)	# C
	(CSS)	
	1	ਜ਼ w
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our records, enter the name o	of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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, 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
			SECURITION OF THE PROPERTY OF
			☐ ☐ G PRemove
			□Change
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f an effec Note: Ti	ve date, if other than the ctive date is listed, the date mu f the date inserted in this b nt's effective date on the I	ist be specific ar lock does not	nd cannot be price meet the appli	or to date of filing (cable statutory f		rs after filing.) Pur	
	ord specifies a delaye 90th day after the rec			ot an effectiv	e time, at 12	:01 a.m. on	the earlier o
Dated	December 1	<u>)</u>	. <u>2019</u>	•			
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