Division of Corporations

## 2/22/202

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

(

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: <a href="mailto:INFO@ACTIVATEMYLICENSE.COM">INFO@ACTIVATEMYLICENSE.COM</a>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME SOLUTIONS OF TAMPA BAY, LLC.

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Corporate Filing Menu

Help. 7614

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(((H210000730123)))

HOME SOLUTIONS OF TAMPA BAY, L	LC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000286761</u> .	y were filed on 11/18/2019	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
PROFESSIONAL PAINTING OF TAMPA BAY LLC		
The new name must be distinguishable and contain the words "Limited Liab	rility Company," the designation "LLC" or	the abbreviation "L.I., C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. 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 registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<del></del>
New Registered Office Address:	Enter Florida street address	:0
	, Floric	نن <u>ت</u> نن da
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	. <del>_</del>

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.

From: Andrea Spas

Fax: 18139325244

To:

Fax: (850) 617-6383

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

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\_\_\_\_\_ Change

MGR = A $AMBR = A$	lanager uthorized Member	((	(H21000073012 3)))
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To:

Fax: (850) 617-6383

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