L19000300165

| (F | Requestor's Name) | |
|------------------------|--------------------------|------------------------------|
| | | |
| (/ | Address) | |
| | | |
| | Address) | |
| | | |
| | City/State/Zip/Phone #) | |
| , | Sity/Otate/Zip/i Hone #) | |
| PICK-UP | ☐ WAIT | ☐ MAIL |
| | — ***** | |
| | | |
| (E | Business Entity Name) | |
| | | |
| | Document Number) | |
| | | |
| Certified Conies | Certificates of | Status |
| | | |
| | | |
| Special Instructions t | o Filing Officer: | |
| | | |
| | \subset | (FE) 10/11 |
| | \supset | . (N/P/) |
| | | P-7 a/8/22 06-107- NOB |
| | | 2 |
| | | NET |
| | | , νφ |
| | · | |





200385966702



COVER LETTER

| 4 | • | • | OVERLETTER | Received W |
|---------------|-------------------------------------|--|---|--|
| TO: | Registration Section | | • | |
| | Division of Corpor | ations | • | 2022 JUN -7 AM 8: 05 |
| SUBJI | ECT: | Name of Limi | Home Services, ted Liability Company | LLCSECRETARY OF STATE TALLAHASSEE, FL |
| The er | nclosed Articles of Am | endment and fee(s) are sub- | mitted for filing. | . • |
| Please | return all corresponde | ence concerning this matter | to the following: | • |
| | | Maria | M: Caldas - Lope | <u> </u> |
| | | Made_In | BNZI Gervice | S |
| | | 12811 Ken | wood Lane Sui | e 208 |
| | | Fort M | Vers J. 3 | 3907 |
| | | madeins: | · · · / | namail com |
| For fu | rther information con- | cerning this matter, please ca | all: | |
| | Mama M. (| Poldes-Lopes | at (<u>739</u>) 8106 Area Code Dayt | ime Telephone Number |
| Enclo | sed is a check for the | fol/owing amount: | | |
| □ \$ <i>:</i> | 25.00 Filing Fee | S30.00 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 Se | ction | <u>Street Address:</u> Registration S | Section |

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

FILED

| \mathcal{D} | 7 11 | ,, | | 2022 SEP -8 | AM 9: 26 |
|---|--|--|-----------------------------|--|--------------------|
| (Name of the Limite | d Liability Comp | anv as it now appears on ou Liability Company) | ir records.) | MILA: A:SI | #1 6+13; |
| | | 101 | | ,,,,, | |
| The Articles of Organization for this Limited Lie | ability Company | were filed on 1411 | 09/20 | and assi | gned |
| Florida document number <u>L 1900300</u> 163 | <u>5</u> . | | | | |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited lial | pility company here: | | | |
| | NIA | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liab | ility Company," the designat | ion "ELC" or t | the abbreviation "L.I | C." |
| Enter new principal offices address, if applica | able: | NIA | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | Nia | | | |
| (Mailing address MAY BE A POST OFFICE I | ROX) | | | | |
| inaning quaress in 11 biz. 11 ggr of 1 1 cgr. | | | | | |
| B. If amending the registered agent and/or re | egistered office | address on our record | s, enter the | name of the nev | v registered |
| agent and/or the new registered office addres | | | | | |
| | 14 | | | | |
| Name of New Registered Agent: | <u></u> | * * | | | |
| New Registered Office Address: | | Enter Florida str | eet address | | |
| | | | | | |
| | | City | , Florid | laZip Code | |
| New Registered Agent's Signature, if changing F | tegistered Agent | <u>::</u> | | | |
| I hereby accept the appointment as registere, provisions of all statutes relative to the prope accept the obligations of my position as regibeing filed to merely reflect a change in the t | d agent and ager and complet stered agent as | ree to act in this capac e performance of my d provided for in Chapt | uties, and 1 er 605, F.S | am familiar wit '. Or, if this docu | th and ument is |
| company has been notified in writing of this | change. | • | | | |

If Changing Registered Agent, Signature of New Registered Agent

If at colding 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> | Name | Address | Type of Action |
|--------------|---------------------------|--|----------------|
| AMBIR | Roberto Carlos Calix Mora | zs <u>5423 8th Avenue</u> | □Add |
| | | 25 <u>5423 8th Avenue</u> Fort Mygles, JL 33907 | EXRemove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | |
| | | | 🗀 Add |
| | | | 🗆 Remove |
| | | | □.Change |

| | | | | | , | | |
|-------------------------------------|---|---|----------------------------|--|--|---|------------------|
| | | | : | , , | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | _ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | . | | | | | | |
| If an effective d Note: If the o | ate is listed, the date late inserted in thi | the date of filing; must be specific and c s block does not me e Department of Sta | cannot be prior to date of | 25/2022 f filing or more than tutory filing requ | (option 190 days after firements, this | nal) iling.) Pursuant to 605.0; date will not be listed | 0207 (i as t |
| e record speci rd is filed. | fies a delayed effe | ctive date, but not a | n effective time, at 1 | 2:01 a.m. on the | earlier of: (b) | The 90th day after to | the |
| Dated | ay 25th | | <u>2022</u> . | | | | |
| <i>√</i> | Delfu | C. Office Signature of a mo | 2022. | presentative of a m | ember | | |
| | / | ر ار | a Jamil | No Histor | | | |

Filing Fee: \$25.00