## L20000001155

(Requestor's Name)
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## **COVER LETTER**

TO:		istration Secti ision of Corpo				
			ITS HOME SOLUTIONS LLG	C	•	
SUBJECT:		Name of Limito	ed Liability Company			
			mendment and fee(s) are submi			
			Jose Salcedo			
				Name of Person		-
			INVESTMENTS HOME SO	OLUTIONS LLC		
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	-
			9056 W State Road 84			
				Address		-
			Davie, FL 33324			
				City/State and Zip Code		_
			alexis@transportsy.com	o be used for future annual rep	port notification)	
For fur	ther	information co	ncerning this matter, please ca		101	
Jose S	alced	lo		at ()		
	_	Name of	Person	Area Code	Daytime Telephone Numb	şr
Enclos	sed is	a check for the	e following amount:			
<b>=</b> \$2	25.00	Filing Fec	☐ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclo	Certific sed) Certific	Filing Fee, cate of Status & cd Copy tal copy is enclosed)
		lailing Address		Street Ado Registrat	dress: tion 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 OF

F1 ED 2022 JUN 27 AM 8: 22

INVESTMENTS HOME SOLUTIONS 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  $\frac{6/23/22}{1}$ Florida document number L20000001155 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Jose Salcedo Name of New Registered Agent: 9056 W State Road 84 New Registered Office Address: Enter Florida street address Davie

## 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.

City

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>	<u>Address</u>	Type of Action
AMBR	Jose Salcédo	POBox 260155	
		Pembroke Pines, FL 33026	□Remove
AMBR	Raul Urena	9056 W State Road 84	
		Davie, FL 33324	■Remove
			□Change
			□Remove
			Change
		<del></del>	□Add
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