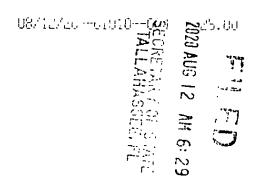
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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D. BRUCE SEP 3 0 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WAR HOME	Solution S LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
WAP HON	Name of Person
<u> </u>	Firm/Company
6222 M	anton Drive Lakelund
Lakel	Md fl 33805 City/State and Zip Code Sign Sign Sign Sign Sign Sign Sign Sign
Willand E-mail address	Sundy 200 e GMAIL, FOME TO Sess: (to be used for future annual report notification)
For further information concerning this matter, plea	
William Bundy Name of Person	at (908) 246-4014 77. Area Code Daytime Telephone Number 77.
Enclosed is a check for the following amount:	
1 \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Statu	
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

(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 Jan 10 2020 and assigned
Florida document number <u>L 2000019 (026</u> .
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 abbreviator "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
TO THE COMMENT
Enter new mailing address, if applicable:
[7] 6
(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:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Waida

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

Zip Code

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 Type of Action Name **Address** Change ☐ Change \square Add □Remove ☐ Change \square Add Remove ☐ Change _ 🗆 Add □Remove _ Change

Page 2 of 3

	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicabl ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier o
ated 3-5-20	
Signature of a member or authoria	and formation of a marrier
Signature of a member of authoriz)
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