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D. BRUCE SEP 22 2020

COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor		
STOUTS I	HOME SERVICES LLC	
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
	condence concerning this matter to the following:	
	Scott C Stout	
	Name of Person	
	STOUT'S HOME SERVICES LLC Finn/Company	
	24249 Weldon Drive	
	Address	
	Eutis, FL 32736	
	City/State and Zip Code	φ ~
	scottstout 1@yahoo.com	020 TA
For further information of	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	2020 AUS — Seure (*) Talloh
Scott Stout	610 653-7346 6	ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω
Name o	of Person Area Code Daytime Telephone Number	50 P
Enclosed is a check for t	the following amount:	
≅ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status &
Mailing Address Registration Division of C P.O. Box 632	Section Registration Section Corporations Division of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOUT'S HOME	SERVICES WC
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000025950	were filed on 1/21/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	24249 Weldon Drive
(Principal office address MUST BE A STREET ADDRESS)	Eutis, FL 32736
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24249 Weldon Drive Eutis, FL 32736
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address , Florida
Nam Basinson da anno 200	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	σ . \sim

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 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>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change □ Add □ Remove □ Change □ Cha
			□Add
			Remove
			2 d
			□Change
		□Ađd	□Add
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• • • • • • • • • • • • • • • • • • • •			□Add
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Filing Fee: \$25.00