## L20000142246

(Red	questor's Name)				
(Add	dress)				
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Bu:	siness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to I	Filing Officer:				

Office Use Only



16/29/24--01022--001 ++25.00



۱

## **COVER LETTER**

	C	COVER LETTER	
TO: Registration Sec Division of Corp		•	
Housework	LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter t		
	Scott Forchette		
		Name of Person	
		Firm/Company	
	4571 NE 2nd Ter		
	Fort Lauderdale, Florida 33	Address	
		City/State and Zip Code	
	scottforchette@gmail.com E-mail address: (I	to be used for future annual report notific	cation)
For further information c	concerning this matter, please ca	all:	
scott forchette		954 8125193 at (	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	
Division of Corporations		Division of Corr	porations

Division of Corp P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2024

SCOTT FORCHETTE 4571 NE 2ND TER FORT LAUDERDALE, FL 33334

SUBJECT: HOUSEWORK LLC Ref. Number: L20000142246

We have received your document for HOUSEWORK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 024A00025223

www.sunbiz.org

	DF AMENDMENT TÓ F ORGANIZATION OF
Housework LLC	omnany as it now appears on our records.)
	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000142246</u>	pany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Housewrk LLC	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	n/a
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>S</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	
Name of New Registered Agent:	Stort Drong Hit
New Registered Office Address:	Enter Florida street address
	City City

## 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.

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 Type of Action Address Name Title \_\_\_\_\_ 🗆 🖂 🖂 🖓 \_\_\_\_\_ □ Add Псточе \_\_\_\_\_ □ Add \_\_\_\_\_ 🗆 Remove \_\_\_\_\_ (] Add \_\_\_\_\_ □Add □ Change \_\_\_\_\_\_ 🗌 Add \_\_\_\_\_ 🗌 Remove 

۰, ۱

**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	<u> </u>			
			······	
<u> </u>				
- Effective date, if other than the	date of filing:		(optional)	
C. Effective date, if other than the (If an effective date is listed, the date mu <u>Note:</u> If the date inserted in this b document's effective date on the D	lock does not meet the applica repartment of State's records.	ble statutory filing require	ments, this date will not be list	eu as me
f the record specifies a delayed effective ecord is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the ea	rrlier of: (b) The 90th day afte	r the
Dutud October 25	2024			
Dated				
(	Signature of a member or autho	rized representative of a mer	nber	
	Scott For	the signee		
	Typed or printe	a name of signee		