L20000 156872

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

Office Use Only



200387908282

05/23/22--01021--015 **25.00

TILED

MINNEY 23 AM 10: 39

SECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor						
end nez		ome Renovations LLC					
SUBJEC	Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Johnnie Murray					
			Name of Person				
For further in Allison Bro		Heritage Home Solutions	LLC				
		Firm/Company					
		1635 Lagoon Place					
			Address				
		Lakeland, FL 33803					
	City/State and Zip Code						
		johnny.murray90@icloud.c	to be used for future ann	ual renort notifi	cation)		
For furth	ner information c	concerning this matter, please c					
Allison	Brown, CPA			614-0308			
	Name (of Person	at () Area Code	Daytime	Telephone Number		
Enclosed	d is a check for t	he following amount:					
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre			Address:			
	Registration Division of C			stration Sec sion of Corp			
	P.O. Box 633	•		Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 23 AM 10: 39

Heritage Home Renovations LLC

(Name of the Limited Liability Company as it now appears on our reconditional TALLAHASSEE, FL

Florida document number L20000156872	gned
. Torrida document riting .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Heritage Home Solutions LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	C."
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 agent and/or the new registered office address here: Name of New Registered Agent:	<u>registered</u>
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Zip Code	
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 complete provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	ly with the

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change

				_
				_
				_
				_
				_
		38	209	_
		TCR:	2022 MAY	
		— <u>早</u>	- 2 -	- CENTED
		AHAS	23	- M
		SEE, S	7	Ö
		FA	5 39	-
		rri	<u> </u>	_
				_
				_
				_
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mor	optio (optio	nal) Olina Venen	ant to M	15 117417 /
Sote: If the date inserted in this block does not meet the applicable statutory filing	requirements, this	date will n	ot be lis	sted as t
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or f is filed.	the earlier of; (b)	The 90th	day att	er the
Pated $\frac{5/19/22}{}$				
Signature of a member or authorized representative of	f a member			

Filing Fee: \$25.00