Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736

Fax Number : (305)646-1527

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

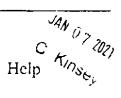
Email	Address:	 · <u> </u>	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GUZMAN HOME SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOME SOLUTIONS LLC			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	.)	<del></del>	
The Articles of Organization for this Limited Liability Co	mpany were filed on 09/22/2020	:	ınd assi	gned
Florida document number L20000298033		-		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
GUZMAN BEST SOLUTIONS, LLC.				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbrevia	tion "L.I	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	iss)	=1.2°	202	
		1*** 1**	J	44703
			1	Craces A
Inter new mailing address, if applicable:		λSi	ο.	
Mailing address MAY BE A POST OFFICE BOX)		.71	I	. : 3
		773.5	<del>-3</del> -	45
		15	57	
Name of New Registered Agent:	office address on our records, <u>enter t</u>	he name of t	hc new	registe
New Registered Office Address:	Enter Florida street address	— <del>———</del>		
	-			
	, Flor		Code	
	~ <i>,</i>	7.1p	- Out.	

## 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.

\_\_ DChange

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			①Change
			□Add
		<del></del>	□Rcmove
			Change
			⊡Add
			Петоve
			☐ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			□ Change
			□ Add
			CRemove
			□ Change
			①Add
			□Remove

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· <u>-</u>	
ffective	date, if other than the date of filing:
ote: If the	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
record sn	ecifies a delayed effective date, but not an effective date
is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after the
DEC	CEMBER 8TH 2020
ated	2020 , 20

Typed or printed name of signee