L20000314500

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
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	Registration S Division of Co			
CUBICO		me Solutions LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	 -
		Amendment and fee(s) are sub	-	
reade rec	an concep	_	to the totto wing.	
		Vanessa Zahel	Name of Person	_
		A to Z Home Solutions LL		
			Firm/Company	
		138 Cypress LN		
			Address	2023 SEC TA
		DeFuniak Springs, FL 324	35	23 FEB
	City/State and Zip Code			
		azhomesolution4@gmail.co	om to be used for future annual report notification)	
For furthe	er information (concerning this matter, please c	·	AMIO: 29
Vanessa	Zahel		850 520-7713	й 6
	Name	of Person	Area Code Daytime Telephone Nu	mber
Enclosed	is a check for t	the following amount:		
₹ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & ified Copy titional copy is enclosed)
j	Mailing Addre Registration	Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
	r.O. box 05. Tallahassee,		2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A to Z Home Solutions LLC					
«Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our recor Liability Company)	<u>ds.</u>)			
The Articles of Organization for this Limited Liability Company	were filed on October 5, 2020	and as	signed		
Florida document number L20000314500					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L	.L.C."		
Enter new principal offices address, if applicable:	138 Cypress LN				
Principal office address MUST BE A STREET ADDRESS)	DeFuniak Springs, FL	20: SE			
	32435				
		EB 2			
nter new mailing address, if applicable:	138 Cypress LN		() ()		
Mailing address MAY BE A POST OFFICE BOX)	DeFuniak Springs, FL		(FE247)		
	32435		<u> </u>		
		m ©			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the ne	w registei		
Name of New Registered Agent:					
New Registered Office Address:	20. 20. 20.				
	Enter Florida street address				
	, F	lorida Zip Code			
	City	гар Сове			

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 amendin 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joshua Zahel	138 Cypress LN	
		DeFuniak Springs, FL	≭ Remove
		32435	Change
			□Add
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ective date, if other than the	date of filing:		(option	al)	
effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be	e prior to date of filing or m	ore than 90 days after fi	ing.) Pursuant to 60	
cument's effective date on the De					
cord specifies a delayed effective s filed.	date, but not an effect	live time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day af	ter the
				748	3
red February 22	2023	·			•
Vanessa Zahel				HALL WAS SE, FL	
Vanessa?	Shel	r authorized representative	of a member	- 1	* (FE) (FT)
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