20000381028

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COVER LETTER

Division of Corporations Land & Home Services LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Darren Baldwin Name of Person Land & Home Services LLC Firm/Company 12672 Weeping Branch Cir. Address Jacksonville FL, 32218 City/State and Zip Code dkaland20@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 904 4220580 Darren Baldwin at (___ Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & **■** \$55,00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Land & Home Services LLC	
(<u>Name of the Limited Liability Company (</u> A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we lorida document number 1.20000381028	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liabili	Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	724
<u>-</u>	:n
	း ဦ′ ငာ ဦ′
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	75 4
_	32
3. If amending the registered agent and/or registered office add agent and/or the new registered office address here: Name of New Registered Agent:	lress on our records, <u>enter the name of the new reg</u> i
Name of New Negistered Agent.	
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 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>	<u>Name</u>	<u>Address</u>	Type of Action
COO	Andre I. Mitchell	8290 Gate PKWY W Unit 181	□Add
			□ Add
			■Remove
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n effective date is li te: If the date in	sted, the date of filing: _sted, the date must be specific and car serted in this block does not meet e date on the Department of State	nnot be prior to date of fili t the applicable statutor		filing.) Pursuant to 605.020
is filed	delayed effective date, but not an) The 90th day after the
ed <u>62/</u> 0	1/2024 Auren Her Signature of a men	·		
	Signature of a men	nber or authorized represe	entative of a member	
	Darren	Baldwin		
	Ty	ped or printed name of si	gnee	