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COVER LETTER

TO: Registration Se Division of Cor		·	
	& Wagner Home Services LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filmg.	
Please return all correspo	indence concerning this matter	to the following:	
	Nehemiah J. Wagner H		
		Name of Person	
	McCorvan & Wagne	er Home Services Ll Firm/Company	<u> </u>
	764 Bay Bridge Circle		
		Address	A47
	Apopka, FL 32703		
		City/State and Zip Code	
	mwhomeserviceslle@gmail	.com to be used for future annual report to	otification)
For further information :	concerning this matter, please co		
Nehemiah J. Wagner II		407 748-7287	
Name o	of Person	at () 748-7287 Area Code Dayt	ime Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O	Section Torporations	Street Address: Registration S Division of C The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/S' FAN 1 :		
(Name of the Lim	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited I	Liability Company were filed on March 3, 2021	and assigned
orida document number L21000102512		
onda document namoei	·	
his amendment is submitted to amend the fol	llowing:	
. If amending name, enter the new name	of the limited lighility company here:	
. If amending name, enter the new name	of the number number, empary non-	
	words "Limited Liability Company," the designation "LLC" or the abl	versition "L.L.C."
ie new name must be distinguishable and contain the	words Emilied Endomly Company, the designation 1985 of the act	2.0.0.
nter new principal offices address, if appli	icable:	·
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
	registered office address on our records, enter the name	e of the new register
		e of the new register
		e of the new register
		e of the new register
Name of New Registered Agent:		e of the new register
gent and/or the new registered office addr	ess here:	
ent and/or the new registered office addr Name of New Registered Agent:	ess here:	
ent and/or the new registered office addr Name of New Registered Agent:	ess here:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City	
Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing	Enter Florida street address City Registered Agent:	Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address:	Enter Florida street address City Registered Agent: red agent and agree to act in this capacity. I further agr	Zip Code 11. 12. 12. 12. 12. 12. 12. 12. 12. 12.
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Where the Agent's Signature, if changing thereby accept the appointment as register rovisions of all statutes relative to the pro-	Enter Florida street address	Zip Code 202 The Code The Co
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing thereby accept the appointment as register rovisions of all statutes relative to the proceept the obligations of my position as register to the obligations of my position as register.	Enter Florida street address	Zip Code Zip Code Pee to comply with the compliant with and if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing thereby accept the appointment as register rovisions of all statutes relative to the proceept the obligations of my position as register to the obligations of my position as registered.	Enter Florida street address	Zip Code

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
MGR	Nehemiah J. Wagner II	764 Bay Bridge Circle	
		Apopka, FL 32703	□Remove
			□Change
MGR	Clarence Romero McGowan	216 Drayton Ave.	🗆 🗆 Add
		Davenport, FL 33837	□Remove
			Change
			□Add
			🗆 Remove
			□ Change
			Remove
			□Add
			Remove
			□Add
			□Remove
			□Change

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f an effective date	f other than the dat s listed, the date must be inserted in this block tive date on the Depar	does not m	ect the apt	plicable sta	of filing or neor	e than 90 da requiremen	(optional) es after filing us, this date	.) Pursuant to (will not be l	605,020 listed a
e record specific rd is filed.	a delayed effective da	ne, but not	an effectiv	re time, at	12:01 a.m. o	the earlie	of: (b) T	he 90th day a	ifier th
		<u>.</u>	2021	<u> </u>					
March I									
Dated March 1	hymain b. W.	server 1	member or	anthorized r	epresentative	ot a member			-

Filing Fee: \$25.00