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(Req	uestor's Name)	
(Add	ress)	
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- City	/State/Zip/Phone	<u> </u>
(City)	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
	L	L. Wicke
(Busi	ness Entity Name	e)
(Doci	ument Number)	
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Special Instructions to Fi	ling Officer:	
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COVER LETTER

	egistration Sec ivision of Corp					
eub ir ca		Home Repair LLC				
SUBJECT	:	Name of Limi	ited Liability Company			
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for tiling.			
Please retu	ırn all correspor	ndence concerning this matter	to the following:			
		Joe Luis Gallegos IV				
			Name of Person		-	
			Firm/Company		-	
		PO BOX 7425				
			Address		•	
		Sun City, FL 33586			_	
		joegallegos89@yahoo.com	City/State and Zip Code		~2	
			to be used for future annual report	notification)	2022 JAN \$ \$ \$ \$ \$ \$ \$ \$ \$	ereing.
For further	information co	incerning this matter, please ca	all:			الآث ال تاب ية و . التلفين
Joe Luis C	Gallegos IV		813 335-144 at ()	\$5		
	Name of	Person	Area Code Da	ytime Telephone Number	P. 3.	الاستنا
Enclosed i	s a check for the	e following amount:			一一	
■ \$ 25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART	ICLES OF O	RGANIZATION F		
Joe's Florida Home Repair LLC				
•	ted Liability Compar (A Florida Limited L	ny as it now appears on our ideality Company)	records.)	ب
The Articles of Organization for this Limited L Florida document number 1.21000105407	iability Company	were filed on 03-04-2021		and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
Florida's Home Solutions LLC				
The new name must be distinguishable and contain the	vords "Limited Liabili	ity Company." the designation	"LLC" or the	e abbreviation "L.IC."
Enter new principal offices address, if applie	able:	2909 Ince Dr		
(Principal office address MUST BE A STREE		Ruskin, FL 33570		
Enter new mailing address, if applicable:		PO BOX 7425		
(Mailing address MAY BE A POST OFFICE BOX)		Sun City, FL 33586		
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our records, g	enter the n	ame of the new registered
Name of New Registered Agent:	Joe Luis Galleg	os IV		
New Registered Office Address:	2909 Ince Dr			
		Enter Florida street d	address	
	Ruskin		Florida	33570
		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 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>	<u>Name</u>	Address	Type of Action
MGR	Joe Luis Gallegos IV	2909 Ince Dr Ruskin , Fl 33570	≅Add
			⊡Remove
			□Change
			□Add
			□Remove
		Change	
			□Add
		□Remove	
		Change	
			□ Add
			
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	12.20.2021
lf an effe <u>Note:</u>	ve date, if other than the date of filing: 12-30-2021 (optional) certive 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	ent's effective date on the Department of State's records.
e record rd is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	12-30-2021
	you I Yalligs
	0,90 00
	Signature of a member or authorized representative of a member

 $(x,y) \in \mathcal{S}_{(x,y)} \times \mathbb{R}^{n} \times \mathbb{R}^{n}$

Filing Fee: \$25.00