## K21000192573

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
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Office Use Only



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US/10/24/

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
SUBJECT: JAM	ES TABERH	AM IIC	
SUBJECT:		ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	JAMES T	ABERHAM Name of Person	
	JAMES T.	ASECHAM L Firm/Company	LC 0 ~
	7024 OL	D GREENFIE	ECRETAL TALLAH
	WINTER G	ACDEN, FL 3 City/State and Zip Code	SECRETARY OF STATE TALLIAN A SSEE, FL  Science of the state of the sta
	JAMES TAISE E-mail address: (to	RHAME YAHOO be used for future annual report notif	COM THE ST
For further information co	oncerning this matter, please cal	H:	
JAMES T	ASECHAM  Person	at (407) 451 Area Code Daytime	- 7171 Telephone Number
Enclosed is a check for th	e following amount:		
<b>⊠</b> \$25.00 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	-	Division of Corp The Centre of Ta	
Tallahassee, F			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	av es it now appears on our records )
(A Florida Limited I	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L21000192573}$ .	were filed on $\frac{4/26/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
TAB HOME SERVICE The new name must be distinguishable and contain the words "Limited Liabil	S, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b>202</b>
(Principal office address MUST BE A STREET ADDRESS)	ACR 10 10 10 10 10 10 10 10 10 10 10 10 10
Enter new mailing address, if applicable:	ASSET PH
(Mailing address MAY BE A POST OFFICE BOX)	3: 50
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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 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 i 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			SE CRETA
			SECRETALL AHASSEE, FL
			☐ CRemove
		41302	□Change
			□Add
			Remove
			☐ Change
<del></del>			□Add
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			☐Change
			□ Add
			□Remove
			☐ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil ote: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier of: (b) The 90th day after th
Dated 10/05/2021.	
Signature of a member or authorized repre	- C C

Filing Fee: \$25.00