121000235265

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SECRETARY OF STATE
SECRETARY OF CORPORATIONS

JOETHS 1812

COVER LETTER

TO:	Registration Sec Division of Corp			
424 FBS FBS		SAT HOME4U LLC		
SUBJE	CT:	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub		
Please i	eturn all correspoi	ndence concerning this matter	to the following:	
		SPYROS VLAMIS		
			Name of Porson	
		AR ACCOUTNING & TA	AX SERVICES INC	
			Firm/Company	
		5497 WILES ROAD SUF	TE 202	
			Address	
		COCONUT CREEK, FL.	33073	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furtl	ner information co	oncerning this matter, please c	all:	
SPYRO	S VLAMIS		954 757-7100	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$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 radditional copy is enclosed)
	Mailing Address	<u>u</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

IT STARTS AT HOME4U LLC				
(Name of the Limited	I Liability Company A Florida Limited Liab	as it now appears on o clity Company)	ur reco <u>rds.</u>)	
The Articles of Organization for this Limited Lial Florida document number 1.21000235265		re filed on 5/20/21		and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabilit	y company here:		
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical Principal office address MUST BE A STREET	ble: _	Company," the designat	tion "E.L.C" or the abbre	ciation M.A.C."
		.		
Enter new mailing address, if applicable:	_			
Mailing address MAY BE A POST OFFICE B	<u>0X)</u> _			
	_			
 If amending the registered agent and/or registered office address 	<u>here</u> :			
Name of New Registered Agent:	Mar	ie Bari	ne H 10 Terv ver address , Florida	
New Registered Office Address:	2500	> NW 1	10 Terr	
	Sun	Enter Florida stre Ft SC	vet address , Florida	33322
		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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BARNETT, ROBERT J	2500 NW 110TH TERR	□Add
		SUNRISE FL 33322	≣Remove
			☐ Change
MGR BARNETT, MARIE	BARNETT, MARIE	2500 NW 110TH TERR	≣ Add
		SUNRISE FL 33322	□Remove
			[]Change
			□Add
			□Remove
			[]Change
			□Add
			ERemove
			□Change
			∐Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

			.,
Effective data if ather than the	data of filipus	funtion	nut)
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bloodcument's effective date on the De	ock does not meet the applicable	ate of filing or more than 90 days after t statutory filing requirements, this	iling.) Pursuant to 605,0207 (3) date will not be listed as the
the record specifies a delayed effective cord is filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated APRIL 19TH	2022		
An An	'rel Saruet		
	Me Survett Signature of a member or authorize Urip Barnett		

Typed or printed name of signee