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2021 JUL 26 PH 6: 44 DECREASE OF STATE

D. BRUCE AUG 1 1 2021

COVER LETTER

TO: Registration Section
SUBJECT: Waller Home Services 1/c 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: Daniel Waller Waller Name of Person
Firm-Company 121 Hidden hidge hd. Address Port 5t Joe, FL, 32456 City/State and Zip Code danxmanx16 D gwail. Com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call: Davie Waller
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy

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

Waller Home - Name of the Limited Liab	Services LLC	
(A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 6-28-203	and assigned
Florida document number <u>LZ100679673.0</u>	<u>) </u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, it applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		202
		ACR II
Enter new mailing address, if applicable:		1 2 L
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		ිධුල ග
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the na</u> :	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Ener Florida street address	
<u> </u>	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 Title Address Type of Action Name MGh Daviel Waller 121 Hidden Ridge Ad. Add Port St. Joe, PL, 32456 lChange □Remove ☐Change □Remove _____ □Change □Remove

____ Remove

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Effectiv	e date, if other than the date of filing:	_ (optional)	
(If an effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 de the date inserted in this block does not meet the applicable statutory filing requireme	avs after filing a Pursuan	it to 605,020
docume	t's effective date on the Department of State's records.	ms, ans date will not	oe usica a
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie l.	er of: (b) The 90th d	ay after the
Dated (7-20 . 2021		
	Signature of a member or authorized representative of a member		
	Paniel Waller		

Filing Fee: \$25.00