

K21000379617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

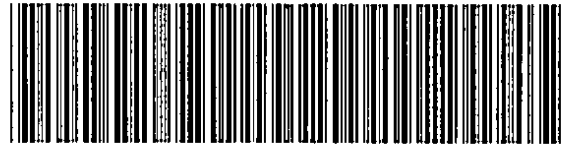
(Document Number)

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2021 DEC 15 PM 4:40  
IN  
Filing Office

A. BUTLER

DEC 16 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WAYMAKER HOME SERVICES LLC

\_\_\_\_\_  
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:

SAMURAI DORSEY

\_\_\_\_\_  
Name of Person

L. GEORGE LEONARD CPA PA

\_\_\_\_\_  
Firm/Company

1485 N ATLANTIC AVE SUITE 102

\_\_\_\_\_  
Address

COCOA BEACH FL 32931

\_\_\_\_\_  
City/State and Zip Code

LGL@LGLCPAFIRM.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMURAI DORSEY

321 799-1691  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

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**

WAYMAKER HOME SERVICES LLC

2021 DEC 15 PM 4:40

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/24/2021 and assigned  
Florida document number L21000379619

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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**

[illegible]

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee



# Florida Department of Revenue POWER OF ATTORNEY and Declaration of Representative

See Instructions for additional information.

CSOL  
DR-835  
R. 10/11  
TC

Rule 12-6.0015  
Florida Administrative Code  
Effective 01/12

## PART I - POWER OF ATTORNEY

Section 1. Taxpayer Information. Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8.

Taxpayer name(s) and address(es)  <b>Waymaker Home Services LLC</b>  <b>757 Penguin Ave NE</b> <b>Palm Bay FL 32907</b>	Federal ID no(s) (SSN, FEIN, etc.)   Contact person  <b>Rick Noon</b>	Florida Tax Registration Number(s) (Business Part No., Sales Tax No., R.T. Acct. No., etc.)  Telephone number  Fax number
--	--	--

The Taxpayer(s) hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

Section 2. Representative(s). Each representative must be listed individually, and must sign and date this form on Page 2, Part II.

Name and address (include name of firm if applicable) <b>L George Leonard CPA</b> <b>1485 N Atlantic Ave Ste 102</b> <b>Cocoa Beach FL 32931-3243</b> E-mail address <b>george@lgclcpafirm.com</b>	Telephone number <b>321-799-1691</b> Fax number <b>321-799-2373</b> Cell phone number
Name and address (include name of firm if applicable) <b>Samurai Dorsey EA</b> <b>1485 N Atlantic Ave Ste 102</b> <b>Cocoa Beach FL 32931-3243</b> E-mail address <b>pradmin@lgclcpafirm.com</b>	Telephone number <b>321-799-1691</b> Fax number <b>321-799-2373</b> Cell phone number
Name and address (include name of firm if applicable)  E-mail address	Telephone number Fax number Cell phone number

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

Section 3. Tax Matters. Do not complete this section if completing Section 4.

Type of Tax (Corporate, Sales, Reemployment, formerly Unemployment, etc.)	Year(s) / Period(s)	Tax Matter(s) (Tax Audits, Protests, Refunds, etc.)
<b>Incorporate</b>	<b>2021</b>	<b>Articles</b>

Section 4. To Appoint a Reemployment Tax (formerly Unemployment Tax) Agent Only. Do not complete Sections 3 and 6 if completing Section 4.

By completing this section, an employer (taxpayer) appoints a representative to act as its Florida reemployment tax agent before the Florida Department of Revenue on a continuing basis and to receive confidential information with respect to mailings, filings, and other tax matters related to the Florida reemployment assistance program law. All other sections of this form (except Sections 3 and 6) must also be completed. Do not complete Section 4 unless you wish to appoint a reemployment tax agent on a continuing basis.

Agent name	Agent number (required)
Firm name	Federal ID No. (required)
Address (if different from above)	Telephone number ( )

Mail Type: See Instructions for explanations. Check one box only. ☐ 1 (Primary) ☐ 2 (Reporting) ☐ 3 (Rate) ☐ 4 (Claim)

## Section 5. Acts Authorized.

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in Section 3 and Section 4 (for example, the authority to sign any agreements, consents, or other documents). Except as otherwise provided, the authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. This authority does not include the power to endorse or cash warrants, or the power to sign certain returns.

If you want to authorize a representative named in Section 2 to receive (but not to endorse or cash) refund warrants, write the name of the representative on this line and check the box ☐

List any specific limitations or deletions to the acts otherwise authorized in this Power of Attorney.



Florida Tax Registration Number:

Federal Identification Number:

 CSOL  
 DR-835  
 R. 10/11  
 Page 2
Taxpayer Name(s): **Waymaker Home Services LLC**

• Taxpayer(s) must complete Page 1 of this Power of Attorney or it will not be processed.

**Section 6. Notices and Communication.** Do not complete Section 6 if completing Section 4.

• Notices and other written communications will be sent to the first representative listed in Part I, Section 2, unless the taxpayer selects one of the options below. Receipt by either the representative or the taxpayer will be considered receipt by both.

a. If you want notices and communications sent to both you and your representative, check this box



b. If you want notices or communications sent to you and not your representative, check this box



Certain computer-generated notices and other written communications cannot be issued in duplicate due to current system constraints. Therefore, we will send these communications to only the taxpayer at his or her tax registration address.

**Section 7. Retention / Nonrevocation of Prior Power(s) of Attorney.**

The filing of this Power of Attorney will not revoke earlier Power(s) of Attorney on file with the Florida Department of Revenue, even for the same tax matters and years or periods covered by this document. If you want to revoke a prior Power of

Attorney, check this box



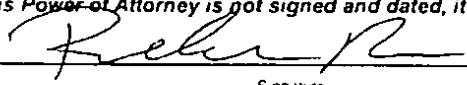
You must attach a copy of any Power of Attorney you wish to revoke.

**Section 8. Signature of Taxpayer(s).**

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, member/managing member, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer.

Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

  
 Signature

Date

President

Title (if applicable)

Rick Noon

Print name

Signature

Date

Title (if applicable)

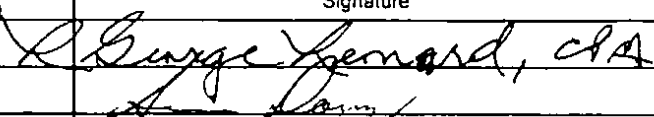
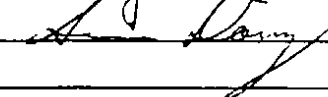
Print name

**PART II - DECLARATION OF REPRESENTATIVE**

Under penalties of perjury, I declare that:

- I am familiar with the mandatory standards of conduct governing representation before the Department of Revenue, including Rules 12-6.006 and 28-106.107 of the Florida Administrative Code, as amended.
- I am familiar with the law and facts related to this matter and am qualified to represent the taxpayer(s) in this matter.
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive and inspect confidential taxpayer information.
- I am one of the following:
  - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent - enrolled as an agent pursuant to the requirements of Treasury Department Circular Number 230.
  - d. Former Department of Revenue Employee. As a representative, I cannot accept representation in a matter upon which I had direct involvement while I was a public employee.
  - e. Reemployment Tax Agent authorized in Section 4 of this form.
  - f. Other Qualified Representative.
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will not be processed.

Designation - Insert Letter from Above (a - f)	Jurisdiction (State) and Enrollment Card No. (if any)	Signature	Date
<b>b</b>	<b>Florida</b>		<b>08/24/21</b>
<b>c</b>	<b>US</b>		<b>08/24/21</b>

2021 DEC 15 AM 11:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

12/10/21 - sent  
back Certified  
mail (BS)

November 16, 2021

SAMURAI DORSEY  
1485 N ATLANTIC AVE  
SUITE 102  
COCOA BEACH, FL 32931

SUBJECT: WAYMAKER HOME SERVICES LLC  
Ref. Number: L21000379619

We have received your document for WAYMAKER HOME SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 421A00027758