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| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: A.P.P. | HOME SERV. | ICES L. L. C. | · |
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| | amendment and fee(s) are sub | _ | |
| | ANDREW | CHARNESKS Name of Person | |
| | A.P.P. HOM | E SERVICES L_ Firm/Company | |
| | 8560 63 | PRD AVE APT Address | SECRETATION TO THE PROPERTY OF |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report no | mail Come |
| For further information co | ncerning this matter, please c | all: | |
| ANDREW CI | HARNESKI Person | at (772) 925 Area Code Daytin | 2-5693 ne Telephone Number |
| Enclosed is a check for the | : following amount: | | , |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration So Division of Co P.O. Box 6327 | ection prporations | Street Address: Registration Se Division of Co The Centre of T | rporations Fallahassee |
| Tallahassee, Fl | L 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar | | |
|--|---|------------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | , | |
| The Articles of Organization for this Limited Liability Company of Florida document number 1719 - 2637. | were filed on $9/3/2$ $E(E) \# IS ALL I HA$ | and assigned |
| This amendment is submitted to amend the following: | • | J |
| A. If amending name, enter the new name of the limited liabil A. P. HOME SERVICES The new name must be distinguishable and contain the words "Limited Liabili" | L. L. C. | handering W. I. C." |
| Č | ty Company, the designation LLC or the ad | previation 12.12.C. |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | CALLY CALLY |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | (/) ([7] | n <u> </u> |
| | | 2:06 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the nam</u> | e of the new registere |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | , 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 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> | Name | <u>Address</u> | Type of Action |
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| fan effectiv <u>Note:</u> If th | date, if other than the date is listed, the date the date inserted in this s effective date on th | must be specific s block does r | e and can not meet | the applica | o date of fili | ng or more th ry filing req | an 90 days a | ptional) fter filing.) Pur this date will | suant to a | 605.0207 listed as t |
| d is filed. | ecifies a delayed effe | | | | | | | : (b) The 90 | th day a | ifter the |
| ated | 9/20/ | <i>i</i> | <u> </u> | 2021 | <u>.</u> . | | | | | |
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| | | Signature o | of a mem | ber or autho | rized repres | entative of a | nember | | | |
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