# L21000407549

(Re	questor's Name)	
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R. HUNT 04/28/23

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	T: NOL Home Solutions LLC	
	Name of Limited Liability Company	
The en	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Wathan Lynch Name of Person	
	NOL Home Solutions LLC Firm/Company	
	7805 87 th P1 N. #301	
	Pinellus Part IL 3378Z City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	er information concerning this matter, please call:	
	Athan Lynch at (330), 703-97/6	
	Name of Person Area Code Daytime Telephone Number	
Enclos	is a check for the following amount:	
X \$2	Of Filing Fee \$\bigcup \$30.00 Filing Fee & \bigcup \$55.00 Filing Fee & \bigcup \$60.00 Filing Fee,  Certificate of Status \$\bigcup Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOL Home SolutionS (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on	pur records.)		
(A Florida Limited L	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000 407 549</u> .	were filed on $Q/$	14/21	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Nathan Lynch LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "LLC" or the ab	oreviation "L.	L.C."
Enter new principal offices address, if applicable:			23	
(Principal office address MUST BE A STREET ADDRESS)		•	3:	•
		2.12	- 3,1	:
			co (	•••
Enter new mailing address, if applicable:			P II	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u>15</u>	j
,		<u>m</u>	<del></del>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ls, <u>enter the nam</u>	e of the new	<u>registere</u>
Name of New Registered Agent:			· • • • • • • • • • • • • • • • • • • •	<del></del>
New Registered Office Address:				
	Enter Florida sti	reet address		
		, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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lfan effect <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	April 25th . 2023
Daico	
Daico _	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Daled _	Signature of a member or authorized representative of a member