## 121000411148

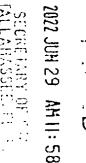
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	SEP 29 202	2

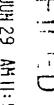
Office Use Only



700390034577

06/29/22--01013--012 ++25.00





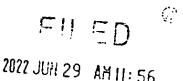


## **COVER LETTER**

Eipel Hom	e Solutions LLC		
SUBJECT:	Name of Lin	nited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Kevin J Eipel		
		Name of Person	
Division of Corporations  Eipel Home Solutions 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:  Kevin J Eipel  Name of Person  Eipel Home Solutions LLC  Firm/Company  4330 Iola Drive  Address  Sarasota Florida 34231  City/State and Zip Code keveipel@yahoo.com  E-mait address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kevin Eipel  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S45.00 Filing Fee} \times \$30.00 \text{Filing Fee} & \times \$55.00 \text{Filing Fee} & \times \$60.00 \text{Filing Fee} & \ti			
		Firm/Company	
	4330 Iola Drive		
	Eipel Home Solutions LLC  Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  mall correspondence concerning this matter to the following:    Revin J Eipel		
	Sarasota Florida 34231		
		City/State and Zip Code	
	= :		
			Diffication)
For further information of	concerning this matter, please c	all:	
Kevin Eipet			
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
•			ection
<del>-</del>		<del>-</del>	
i aliahassee,	rl 32314	2415 N. Monr	oe street, suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



**Eipel Home Solutions LLC** 

(Name of the Limited Liability Company as it now appears on our records:) #A55! [ ] (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/16/2021 \_\_\_\_\_ and assigned Florida document number L21000411148 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 

## 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.

City

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
MGR	Kevin J Eipel	4330 Iola Drive	□∧dd
		Sarasota FL 34231	□Remove
			■Change
AP Kevin J Eipel	4330 Iola Drive	□Add	
		Sarasota FL 34231	
			■Change
AP Marnee E Duffus	4330 Iola Drive	□Add	
		Sarasota FL 34231	■ Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			Remove
		□Change	
		_	🗆 Add

	nging Kevin Eipel from AP to MGR above
<del></del> -	
<u> </u>	
-	
f an effectiv <u>Note:</u> If t	date, if other than the date of filing:
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	06/27/2022. Kern J Cepel
	- Journ O region
	Signature of a member or authorized representative of a member    Kevin J Eipel

Filing Fee: \$25.00