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(Req	uestor's Name)	
(Adda	ress)	
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(City/	/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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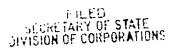
22 APR 20 PM 1: 39

T. MATTHEWS
JUN - 2 2022

## **COVER LETTER**

	ion Section of Corporations
	ex Home Services LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	prrespondence concerning this matter to the following:
	Miguel Angel Martinez Rosales
	Name of Person
	Firm/Company
	2217 Washington ave
	Address
	Naples,FL.34112
	City/State and Zip Code
	amexhomeservicesllc@gmail.com  E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Miguel Angel Ma	tinez Rosales 239 306-0251
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25.00 Filing	Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Bo	Registration Section n of Corporations Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



A-Mex Home Servies LLC

22 APR 20 PM 1: 39

(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  $\frac{02/01/2022}{2}$ and assigned Florida document number L22000053542 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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.

\_\_\_\_, Florida \_\_\_

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Miguel Angel Martinez Rosales	2217 Washington ave Naples FI 34112	≣Add
			□Remove
MGR	Mandy Wilson		□Change
		2217 Washington ave Naples Fl 34112	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Add
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			□Change

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		Signature of a member or authorized representative of a member
		Mignel Angel Martinez Rosales

Typed or printed name of signee