## 17700086776

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer riame was filed in ever. A free name Change was issued to Corrola the error.

Office Use Only

MMOON.

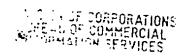


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## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 2022 HAY 10 PH 2: 04



March 23, 2022

JONATHAN GEEGAN 5515 SAILFISH CT PUNTA GORDA, FL 33982

SUBJECT: ACE HOME SERVICES LLC

Ref. Number: L22000086776

This is to advise you that on February 23, 2022, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Matthew T Moon Regulatory Specialist II Supervisor New Filing Section

Letter Number: 522A00006827

2021 HAY IO AH 1: 12

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THAT I ALL SEED OF STATE

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S . Division of Co			
SUBJECT:	ACE Home Name of Lin	Services LLC nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
		Name of Region  Home Service  Firm/Company	SLLC
		Salfish Ct	
		orda FL 3398. City/State and Zip Code  N @ YGhoo. com  to be used for future annual report notifi	
For further information	E-mail address: (concerning this matter, please c		Cation)  WAY 10 A
	n Geegan	at (941) 258 Area Code Daytime	cation)  AND AM 1: 12  Telephone Number 1: 12
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of 0		Street Address: Registration Sectorial Division of Corp.	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ACE Home Sei	rvices LLI		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2200086776}{}$ .	y were filed on $2$	$\frac{1/23/2022}{2}$ and assigned	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial  JG Home Services Li	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)		202)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	HAY 10 AH A LIFE NA LIFE STORYON FILLED SEE FE	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of the new reg</u>	<u>istere</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida :	street address	
<del></del>	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	•	ents some	

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>	<u>Name</u>	Address	Type of Action
MA			□Add
			□Remove
			☐ Change
<del></del>			
			□ Remove
			Change
			□Add
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			Change
			Remove-
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			□Change
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re date, if other than the date of filing:	A.A.	
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	The 90th day	y after the
May 3rd - 2022		
futten I eggan		
Signature of a member or authorized representative of a member		
Jonathan Geegan  Typed or printed name of signet		_