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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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Certified Copies	Certificates of	Status
,	_	
		
Special Instructions to	Filing Officer:	
	J. HORNE	
	MAY 1 6 2022	
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF

COVER LETTER

TO: - Registration Se Division of Cor			· e
SUBJECT: BLT	Home Solution	ns LLC	•
SUBJECT:	Home Solution	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	, and the second	Ü	
	TUSTIN D	4N0-2PH	
		Name of Person	
	RIT Home	Salutions IIC	
	D2. 110C	Solutions LLC Firm/Company	
			
	94894 WIND	FLOWER TOULL Address	
	FERNAUDINA 1	BEACH, FL, 320. City/State and Zip Code	34
		e GM1L . COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca		
JUSTIN	PANDOLPH	at (<u>904</u>) <u>583 -</u> Area Code Daytime	7066
Name of	Herson	Area Code — Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BLT Home Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 2022 MAY 16 AM 11: 26 SECRETARY OF STATE TALLAHASSEE, FLORE Florida document number <u>L 22000 102769</u> 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 "LLC." 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 __, Florida ___

w Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 2pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 2any has been notified in writing of this change.

authorized to manage, enter the title, name, and address of each person being add	led
---	-----

MGR = Manager ·AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	JUSTIN EDWIN PLANDELPH	FERNANDINA BEACH FL, 3203	ZIAdd
		FEIDON 13ETEN FZ, 3803	
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Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
		JUSTIN GOWIN PANDOLPH