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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

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Division of Cor	porations				
SUBJECT:		me Services L nited Liability Company	LC		
	Amendment and fee(s) are sub	•		2022 AUG 29 PH 4: 25 SECRETARY OF STATE TALLAHASSEE, FL	erez I
		to the tone wing.		29 ARY	<del>بنج</del> چ جسم
	Danie	1 Hemandez		CARY OF STATE AHASSEE, FL	1
		Name of Person		: 25 TATE , FL	
	DH	Pro Home Service Firm/Company	\$		
	15330 Sumi	mit Place			
		Address		•	
	Naples, F	L, 34119	·- ···	_	
	11	City/State and Zip Code			
	E-mail address: (	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Daniel Hema	nda f Person	at (234) 682 Area Code Daytim	-2093 e Telephone Number	<del></del>	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres		Street Address:	·		
Registration S Division of C		Registration Sec Division of Cor			
P.O. Box 632		The Centre of T	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DH Pro	Home Services LLC	
(Name of the Limited L (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L220002408</u>		24,2022 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable		n "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET A	DDRESS)	~
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	DZ AUG 29 PH L
B. If amending the registered agent and/or regis agent and/or the new registered office address he		enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street	address
-	City	, Florida
	Cuy	zy cone

## 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>	<u>Address</u>	<b>Type of Action</b>
MGR	Daniel Hernandez	15330 Surmit Place	XAdd
		K330 Sommit Place Naples, FL, 34119	□Remove
			□Change
			□Add
		<del></del>	□ Remove
		<del></del>	Change
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			SECRETA Dichange
<del></del>			SECRETARY OF STATE ALLAHASSEL, FL
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an effective date is listed, the ote: If the date inserted	e date must be specifi	ic and canno	t be prior to d	ate of filing or	more than 90 da	ys after fil	ing.) Pun	suant to	605.020 listed a
ocument's effective date						,			
record specifies a delayed	d effective date bu	t not an eff	ective time	at 12:01 a.m	on the earlie	r of: (b)	The 90	ıb dav a	ifter the
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