KZZ000261395

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Signature

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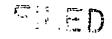
A. BUTLER NOV 28 2022

COVER LETTER

TO: Registration Se Division of Cor			
	RLES HOME SERVICES LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SORAYA MEJRA		
		Name of Person	
	BELLA FLORIDA CONS	OULTING LLC	
	700 4 14 44 17 17 17 17 17 17 17 17 17 17 17 17 17	Firm'Company	<u> </u>
	5950 LAKEHURST DR U	INIT 242	
		Address	
	ORLANDO FLORIDA 32	819	
		City/State and Zip Code	
		to be used for future annual report noti	ification)
For further information of	concerning this matter, please c	all:	
SORAYA MEIRA		407 491-4189	
Name o	f Person	at ()Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of T	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SAN CHARLES HOME SERVICES LLC

2022 NOV 21 AM 7: 32

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	ETALL OF STATE
The Articles of Organization for this Limited Liability Company	were filed on <u>06/07/2022</u>	and assigned
Florida document number 1.22000261385		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC" o	r the abbreviation "L.L.C."
·	4360 S. KIRKMAN ROAD APT 406	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ORLANDO FLORIDA 32811	
·		
Enter new mailing address, if applicable:	4360 S. KIRKMAN ROAD APT 406	
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FLORIDA 32811	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	From El al la annual II	
	Emer Florida street address	
	Flori	da Zip Gode

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CLAYTON LUIS DA SILVA	1032 NIN ST ORLANDO FLORIDA 32835	□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
		- · - · · · · · · · · · · · · · · · · ·	□ Change
			□Add
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ffecti an effe Sote:	te date, if other than the date of filing:
locume	nt's effective date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	Narmby 16th 2022
	Nonmbly 16th 2022 Lucias Colosio Signature of a member or authorized representative of a member Lucias Culosio AMBR Typed or printed name of signee
	Simplifying of a sequential or and beginning a sequential sequenti
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00



November 8, 2022

SORAYA MEIRA 5950 LAKEHURST DR UNIT 242 ORLANDO, FL 32819

SUBJECT: SAN CHARLES HOME SERVICES LLC

Ref. Number: L22000261385

We have received your document for SAN CHARLES HOME SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00025006

Anissa Butler Regulatory Specialist II