

h72000293065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

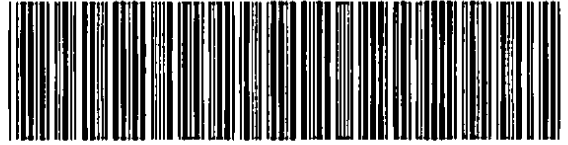
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2022 AUG -2 AM 11:27

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CLERK OF COURT  
DIVISION OF COURT CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOME RIMEDIES

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER SHOTTO

\_\_\_\_\_  
Name of Person

HOME RIMEDIES

\_\_\_\_\_  
Firm/Company

S391 DELONG AVE

\_\_\_\_\_  
Address

NORTH PORT, FL. 34291

\_\_\_\_\_  
City/State and Zip Code

CSSHOTTO35@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER SHOTTO

941

586-7383

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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)

**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**

HOME RIMEDIES

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
2022 AUG -2 AM 11:

The Articles of Organization for this Limited Liability Company were filed on JUNE 29, 2022 and assigned  
Florida document number L22000293065.

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 "L.L.C."

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 \_\_\_\_\_  
City Zip Code

**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>	<u>Type of Action</u>
MGR	JAYDEN SHOTTO	8391 DELONG AVE.	<input type="checkbox"/> Add
		NORTH PORT, FL. 34291	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	COREY SHOTTO	4872 FLINT DR	<input type="checkbox"/> Add
		NORTH PORT, FL. 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDY SHOTTO	4872 FLINT DR	<input type="checkbox"/> Add
		NORTH PORT, FL. 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RANDAL SHOTTO	4872 FLINT DR	<input type="checkbox"/> Add
		NORTH PORT, FL. 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED  
CLERK OF SUPERIOR COURT  
JULY 27 2022  
2022 AUG -2 AM 11:27

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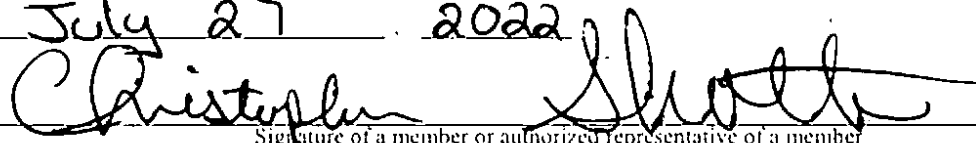
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated July 27 2022  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CHRISTOPHER SHOTTO

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00