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2022 SEP 14 AN II: 17 SECRETARY OF STATE

COVER LETTER

TO: Registration Section	
SUBJECT: THE A-TEAM EXPERTS. IN HOME SERVICES L.L.C.	
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:	
IVAN RENDON.	
	1 L
THE A-TEAM EXPERTS IN HOME SUZVICES	
8157 SAN CARLES CITA.	
TAMARAL FL 33321 City/State and Zip Code Vancuadon 09 @Hotmall.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IVAN RENDON at 754, 245-08-96	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (751) P13 - C	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status (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

THE A-TEAM EXPERTS IN HOME SERVICES L.L.C.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on CO 12022 and assigned Florida document number L2200337635

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

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.

City

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

Title	<u>Name</u>	Address	Type of Action
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		Signature of a	member or au	thorized repre-	sentative of a m	ember		