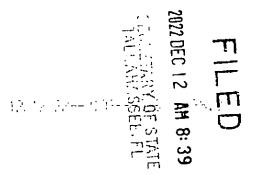
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PICK-UP	☐ WAIT	MAIL
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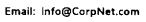
2/22/23 V:LH





Toll-Free: 1.888.449.2638

1.805.449.2638





www.CorpNet.com



December 9, 2022

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: All around your house LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$55.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor

CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL AROUND YOUR HOUSE LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>Y</u> .)
The Articles of Organization for this Limited Liability Florida document number 1.22000366483	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	" or the abbasishion The C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL		DEC 12 ALLEANASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9 8: 39 EE, FL
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sireet addres	١
	City	orida 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>	Address	Type of Action
AMBR	Janine Juerdens	1317 Edgewater Dr. #4712, Orlando , FL 32804	□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
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Effective d	late, if other than the date	of filing:		(optional)	
Note: If th	e date is listed, the date must be spo e date inserted in this block do	es not meet the applicat	date of filing or more than sole statutory filing require	0 days after filing.) Pursuant ments, this date will not	t to 605,0. be listed
document's	effective date on the Departm	nent of State's records.			
	·c: 1.4 1.50			. 13.01	
	specifies a delayed effe h day after the record is		an effective time, at	: 12:01 a.m. on the	earlier
Dated	December 9th	. 2022			
		1			
	Signat	ure of a member or author	zed representative of a men	iher	
		//	·		
	Torsten Juerdens				

Page 3 of 3

Filing Fee: \$25.00