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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRIFICARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp					
	ome Program, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.			
Please return all correspon	ndence concerning this matter t	to the following:			
	Scott A. Bressler				
	Solutionshomeprogram@gmail.com I:-mail address: (to be used for future annual report notification)				
For further information oc	n-mail address; (a oncorning this matter, please ca		3FEB		
Scott A. Bressler		727 409-2002	\$\frac{1}{2} \dots \frac{1}{2}		
Name of	Person	at () Area Code ——Daytime Tele	phone Number 77 PH L		
Enclosed is a check for th	e following amount:		7. 6.		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting Fee & Certified Copy tadditional 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

Solutions Home Program, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000009264}{1.23000009264}$.	were filed on 1/4/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		202 SE
Principal office address MUST BE A STREET ADDRESS)		
		シラ ロ シー
		SOF PH
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON		<u> </u>
3. If amending the registered agent and/or registered office	address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
The Property of the Control of the C	Enter Florida street address	
		da
	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>	Address	Type of Action
AMBR	Scott A. Bressler	3034 Chattan Ct. Palm Harbor, FL 34684	🗆 Add
			🗆 Remove
			■Change
			🗆 Add
			□Remove
			□Change
			Add Remove
		93 93 61 11	- Change
			□Remove
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f amending any other informa		mingers, nerc	, printer tutti		y necessary.	,	
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Minakan da Marahan Aban Aban Aban Aban	3.4 E (*1*.	2/1/2023					
Efective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	st be specific and lock does not n	l cannot be prior t neet the applica		more than 90 day			
record specifies a delayed effectivis filed.	ze date, but not	an effective tin	ne, at 12:01 a.n	i. on the earlier	rof: (b) The SE SE SE	90th day	after the
ned February 1st	, ,	2023			ELA TA	FEB -3	
		AD Brea	len		ASSEE ASSEE		
	Signature of a r	member of author	rized representati	ve of a member	STAI	PM 4: 16	U
Scott A. Bressler					רדו	9	

Typed or printed name of signee