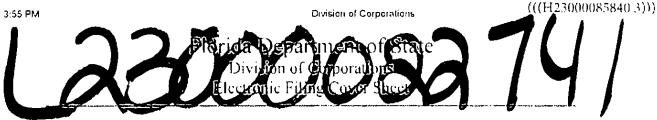
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 Phone : (239)777-1028 Fax Number : (877)275-3593

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SUPPORT@LICENSESETC.COM

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRST LIGHT HOME SERVICES LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 07      |
| Estimated Charge      | \$25.00 |

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#### From: Licenses Etc

# **COVER LETTER**

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| TO: Registration S<br>Division of Co |  |  |   |
|--------------------------------------|--|--|---|
| 644114669                            | FIRST LIGHT HOME                             | SERVICES LLC   |   |
| SUBJECT:                             | Name of Lim                                  | ited Liability Company   |   |
| The enclosed Articles o              | of Amendment and fee(s) are sub              | mitted for filing.   |   |
| Please return all corresp            | pondence concerning this matter              | to the following:  |   |
|                                      | RICHARD                                      | C WILLIAMS   |   |
|                                      |  | Name of Person   |   |
|                                      | FIRST LIG                                    | HT HOME SERVICES LLC   |   |
| Firm Company                         |  |  |   |
| 12121 CANNES ST.                     |  |  |   |
| Address                              |  |  |   |
|                                      | JACKSONVILLE FL, FL 32224                    |  |   |
|                                      |  | City/State and Zip Code  |   |
|                                      | •  | firstlighthomeservices.com to be used for finite annual report noti- | Martin  |
| For further information              | concerning this matter, please c             |  | iteat(41)   |
| RICHARI                              | OC WILLIAMS                                  | at ( <u>904</u> ) <u>607</u><br>Area Code Daytim                     | 7-3627  |
| Name                                 | of Person                                    | Area Code Daytin   | e 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)  | <ul> <li>\$60,00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul> |
|                                      |  |  |   |
|                                      | Section<br>Corporations                      | <u>Street Address:</u><br>Registration Sec<br>Division of Cor        | porations   |
| P.O. Box 63<br>Tallahassee           |  | The Centre of T<br>2415 N. Monro<br>Tallahassee, FL                  | e Street, Suite 810   |

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Page: 5 of 7

From: Licenses Etc

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| on our records,)                           |
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| 1/10/2023 and assigned                     |
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| gnation "LLC" or the abbreviation "L.L.C." |
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#### 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 695, 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.

Cm

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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

To Sunbiz LLC Amendment .

| Title | Name                 | Address                      | Type of Action |
|-------|----------------------|------------------------------|----------------|
| MGR   | HEWETT, RICKIE J. JR | 12384 CLYDENE CT             | □Add           |
|       |                      | JACKSONVILLE FL, FL 32225 UN | ∏Remove        |
|       |                      |                              | □Change        |
| MGR   | WILLIAMS, RICHARD C  | 12121 CANNES ST.             |                |
|       |                      | JACKSONVILLE, FL 32224 US    | □Remove        |
|       |                      |                              |                |
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| (If an effective Note: If the | date, if other than the date of filing:   |
| he record sp<br>ord is filed  | pecifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of (b). The 90th day after the |
|                               |   |
| Dated                         | March 6 2023  |

RICHARD C. WILLIAMS
Typed or printed name of signee