

**L23000126651**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H23000326392 3)))



H230003263923ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PINPOINT GUIDANCE INC  
Account Number : I20180000092  
Phone : (954)371-9511  
Fax Number : (954)933-3379

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HOME SOLUTIONS OF AMERICA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOME SOLUTIONS OF AMERICA LLC

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:

KYLE SWEETLAND

Name of Person

AMBR

Firm/Company

6750 N ANDREWS AVE STE 2060

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

sa@pinpointg.com

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

For further information concerning this matter, please call.

KYLE SWEETLAND

at ( 805 ) 988-3750

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 SOLUTIONS OF AMERICA LLC

(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 03/10/2023 and assigned Florida document number L23000126651.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6750 N ANDREWS AVE STE 2060

FORT LAUDERDALE FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6750 N ANDREWS AVE STE 2060

FORT LAUDERDALE FL 33309

**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:

6750 N ANDREWS AVE STE 2060

*Enter Florida street address*

FORT LAUDERDALE

Florida 33309

*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	SWEETLAND, KYLE	1700 BANKS RD SUITE 50F	<input type="checkbox"/> Add
		MARGATE FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MALIK, MOHAMMAD	1700 BANKS RD SUITE 50F	<input type="checkbox"/> Add
		MARGATE FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SWEETLAND, KYLE	6750 N ANDREWS AVE STE 2060	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33309	<input 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
			<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.)**

[illegible]

E. Effective date, if other than the date of filing: SEPTEMBER 15, 2023 (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 SEPTEMBER 15 2023

Hyle. Swarth  
member or authorized representative

Signature of a member or authorized representative of a member

KYLE SWEETLAND

Typed or printed name of signee

**Filing Fee: \$25.00**