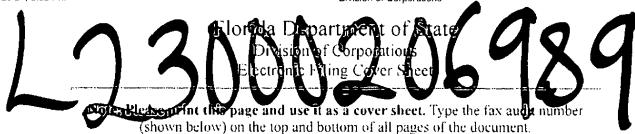
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Division of Corporations

(((H24000219456 3)))



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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 : 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 HOME SERVICES BUREAU, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON

JUN 2 6 2024

Electronic Filing Menu Corporate Filing Menu

Help

From: Licenses Etc.

## COVER LETTER (((H24000219456 3)))

TO:	Registration Se Division of Cor		•	1	
		RVICES BUREAU, LLC			
SUBJE	CT:	Name of Lin	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	etum all correspo	indence concerning this matter	to the following:		
ĭ	; d.;	TODD BABBITT			
			Name of Person		
		LICENSES, ETC., INC.		<del>.</del>	
1.	1.		Firm/Company	22 22	
		27911 CROWN LAKE B	LVD	81 CHE DAR ATTENUE 28	
			Address	125	
		BONITA SPRINGS, FL 3	4135		r:
			City/State and Zip Code	SIME (3.45)	
	. *	SUPPORT@LICENSESET		<b>5</b> 39	
			to be used for future annual report notification)	75 75	
		oncerning this matter, please c	all;		
TODD	BABBITT		239 777-1028		
	Name o	l'Person	Area Code Daytime Felephone Number	_	
•	,				
Enclose	d is a check for th	ne following amount:			
■ \$25	.00 Fifing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing  Certified Copy  (additional copy is enclosed) Certified Copy (additional copy)	f Status & py	
	MailingAddres Registration 5 Division of C P.O. Box 632	Section orporations	StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee		
	Tallahassee, I		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

to a mit

464 Sisir . (((H24000219456 3)))

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

HOME SERVICES BUREAU, LLC	Connectivities appears on our records	
(A Florida I.	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co.	ompany were filed on 04/26/2023 and assig	ned
Florida document number L23000206989	<del>-</del> -	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	red liability company here:	
he new mame must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.	<u></u>
Enter new principal offices address, if applicable:		<u>ت</u> , <u>ڪن</u> ـــد
Principal office address MUST BE A STREET ADDRE	ESS)	
		<u> </u>
· .	a V	) :3 ) /2
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		); 
·		· ##
ngent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
, 	Enter Florida street address	
	, Florida	
	•	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and cor accept the obligations of my position as registered age	City Zip Code	ana ent
	If Changing Registered Agent, Signature of New Registered Agent	<del></del> .

(((H24000219456 3)))

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

1990

<u>Title</u>		Name	Address	Type of Action
AMBR		ECKERT, CHRISTOPHER E	17504 ISBELL LN.	□Add
			ODESSA, FL 33556	■Remove
				□Change
-AMBR -		ECKERT, CHRISTOPHER M	17504 ISBELL EN.	≣Add
			ODESSA, FL 33556	□Remove
	11			24 Change Carlo
				□Rentove (S) AFIGURE  □Change □Change
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ed.	1.5			□ Remove
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<u>,                                     </u>	21.14			□Add
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				□Add
-, 10124 - £	. r.«			□Remove
				□Change

Page: 7 of 7

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(IIICI)(	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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effect <u>::</u> If imen	edate, if other than the date of filing:
effect :: If imen ord s	ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste t's effective date on the Department of State's records.  pecifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of (h). The 90th day after JUNE 25.
effect : If men ord s filed	ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste it's effective date on the Department of State's records.  Specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of (h). The 90th day after JUNE 25.
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