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| (Requestor's Name)                      |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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2023 NOV - 6 AM IO: 44

DEPARTMENT OF STATE
DIVISION OF CORPORATION

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## **COVER LETTER**

TO:

Registration Section Division of Corporations Well Schooled Home Solutions LLC SUBJECT: 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: William M. Martino Name of Person Well Schooled Home Solutions LLC Firm/Company 15396 Sandfield Loop Address Winter Garden, Florida 34787-9806 City/State and Zip Code hmvolvony@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William M. Martino Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **≅** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

BLUEINED ØET 1 1) 2023

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 NOV -6 AM 10: LL
DEPARTMENT OF STATE
DIVISION OF CORPORATION
DATA TO A CORPORATION

\_\_\_\_ and assigned

Well Schooled Home Solutions LLC

The Articles of Organization for this Limited Liability Company were filed on  $\underline{\text{May 23, 2023}}$ 

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| ility company her                      | <u>e</u> :  |  |
|--|---|--|
| lity Company," the des                 | signation "LLC" or the abbreviation "L.L.C."                                    | _  |
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| Enter Florida street address           |   |  |
|  | , Florida   |  |
| City                                   | Zip Code  | _  |
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| performance of n<br>provided for in Ch |   |  |
|  | Enter Florid  City  e to act in this coperformance of provided for in Corollary | Enter Florida street address  City  Zip Code  See to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and |

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   |
|--------------|-------------------|---------|--|
| MGR          | William M Martino |         |  |
|              |                   |         | □Remove  |
|              |                   |         | Change   |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

William M Martino