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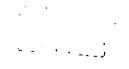
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COVER LETTER

	egistration Sec ivision of Cor			
SUBJECT		HOME SERVICES, LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	_	
	·	ELLIE MILANES	-	
		<u> </u>	Name of Person	
		SIMPLE LEGAL, PLLC		
			Firm/Company	
		3240 N ORANGE AVE		
			Address	
		ORLANDO, FL 32803		
		ELLIEMILANES@GMAIL	City/State and Zip Code COM	
Can Cambas	· · · · · · · · · · · · · · · · · · ·		to be used for future annual report notific	cation)
		oncerning this matter, please ca		
ELLIE MILANES, ESQ Name of Person		f Person	407 782-0144 at () Area Code Daytime	Telephone Number
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ••••
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	S30.00 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)
	lailing Addres		Street Address: Registration Sect	ion

Division of Corporations

And the second second second

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAY TREE HOME SERVICES, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L23000274987.</u>	• •	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	2323
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	2.2
Principal office address MUST BE A STREET	ADDRESS)	-0
		Ċ,
		ි. ආ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	tistered office address on our records, <u>enter the here:</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	n.	٠
	Flori	da 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
MGR	AUSTIN WALKER	95-11 HARRISFORD ST	≘ ∧dd
		HAMILTON ONTARIO CANADA	LBK GL7
			□Remove
			□Change
			□Add
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fective date, if other than the in effective date is listed, the date must be: If the date inserted in this blument's effective date on the D	st be specific and cannot be ock does not meet the a	prior to date o pplicable sta			ing.) Pursuant to 605.02
ecord specifies a delayed effectiv is filed.	e date, but not an effect	ive time, at	12:01 a.m. on the	carlier of: (b)	The 90th day after the
AUGUST 4	2023				
170					
	Signature of a member or	authorized re	presentative of a m	ember	

Filing Fee: \$25.00