L 23000 300658

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400416676984





FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:____

Please use funds from this accound Authorization Signature:	nt: 120210000160	\$30.00 	
Parker Home Service LLC	U L230	00300658	
Business Name	Doc. #		
Certified Copy of _X Certificate of Status NEW FILINGS Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP	X F	ENDMENTS	
OTHER FILINGS Annual Benert		ON/QUALIFICATIONS	3
Annual Report		oreign filing Limited Partnership	
Fictitious Name		Reinstatement	
ricitious ivaille	'	Comstatement	
APOSTILLE		Other	
Country		-	
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COVER LETTER

TO: Registration Se Division of Cor				
	ne service LLC			
SUBJECT:				
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter	•		
	DARREN PARKER			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	-
	Parker Home Service LLC			2 <u>1</u>
	-	Firm/Company		
	5510 3rd st w			H LDA
		Address		cor.
	Bradenton Florida 34207			DIVISION OF CORPORATIONS 2023 OCT 1.1 PM 12: 40
	doxdleoparker@gmail.com	City/State and Zip Code		0 1400
	E-mail address: (to be used for future annual repor	t notification)	
For further information of	concerning this matter, please ca	all:		
DARREN PARKER		941 220-888	32	
N	of Person	at () Area Code D	aytime Telephone Number	
Name (n rerson	Area Code D	aytime reteptione (value)	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	ite of Status &
Mailing Addre		Street Addre		
Registration Division of O		Registration of Division of	Corporations	
P.O. Box 632	-		of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	y as it now appears on our records.)	
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)	
he Articles of Organization for this Limited Liability Company w lorida document number	vere filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ity company here:	
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		1 VIS
		<u> </u>
		= 55
Inter new mailing address, if applicable:		7 P
Mailing address MAY BE A POST OFFICE BOX)		ST 112
Muling dauress MAT BE AT OUT OFFICE BOAY		1
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ldress on our records, enter the nai	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Čity	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 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
AP	Seth Parker	5504 3RD ST W	
			□ Add
		Remove as Authorized Person	
			■Remove
			□Change
			□Add
			□Remove
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	does not meet the app	licable statutory fili	(option nore than 90 days after fing ng requirements, this	n al) iling.) Pursuant to 605.0 date will not be liste