7/25/23, 12:18 PM

Division of Corporations

Division of Corporation Electronic Eding Cover Shee

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WF TAXES AND MORE INC.

Account Number : I20200000043 Phone : (772)879-0010 Fax Number : (772)281-5520

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAPE HOME SERVICES LLC

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Corporate Filing Menu

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Tallahassee, FL 32314

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TO: Registratio Division of	n Section Corporations	*	<i>1.4</i>	
MAPE SUBJECT:	HOME SERVICES LLC		:	i.
	Name of Lin	mited Lizbility Company		
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	espondence concerning this matte	r to the following:		
	JESUS CUEVAS PEREZ			
		Name of Person		
	MAPE HOME SERVICE	S LLC		
		Firm/Company		
	107 GARDENIA AVE			
		Address		
	FORT PIERCE, FL 34987	2		
	WETA VEG OFFICE OCA	City/State and Zip Code		
	WFTAXES.OFFICE@GM E-mail address: (to be used for future annual report no	otification)	
For further informatio	n concerning this matter, please o		,	
JESUS CUEVAS PE	REZ	772 879-0010		
Nam	e of Person	at () Area Code Dayti	me Telephone Number	-
	r the following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of Since Certified Copy (additional copy is	tatus &
<u>Mailing Adda</u>		Street Address:		
Registration		Registration S		
P.O. Box 6	Corporations 327	Division of Co The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

MAPE HOME SERVICES LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ty Company as it no Limited Liability C	ow appears on our pompuny)	(ecords,)		
The Articles of Organization for this Limited Liability Co Florida document number L23000348766	Company were file	ed on 07/24/2023		and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability com	pany here:			
The new name must be distinguishable and contain the words "Limit	ited Liability Compa	ny," the designation	"LLC" or the abb	reviation "L	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR.	ESS)				
			•		
					,
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					·
-				•	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address o	n our records, <u>e</u>	nter the name	of the nev	v registered
New Registered Office Address:					
		nter Florida street n	ddress		~~
			, Florida		15.83
New Registered Agent's Signature, if changing Registered	City			Zip Code	´=
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act i mplete performo ent as provided i	ince of my dutie. For in Chapter 6	s, and I am fan 05. F.S. Or. if	niliar witi this docu	i ^z and ^t ment is y

If Changing Registered Agent, Signature of New Registered Agent

(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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARTIN PEREZ AVALOS	107 GARDENIA AVE	———— ≌Add
		FORT PIERCE, FL 34982	□Remove
			Change
			□Add
			□Remove
			Change
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Dated		2023				
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