

L24000029793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

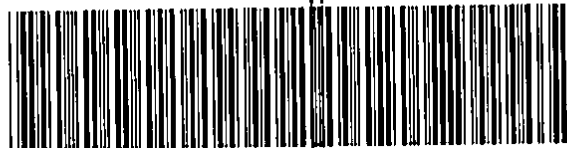
(Business Entity Name)

(Document Number)

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2024 MAY -6 PM 4:50  
TALLAHASSEE, FLORIDA

K. HUNT  
05/06/24

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR  
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$30.00**

**Authorization Signature:** *James F. Fiddler*

**Business Name:** NW Florida Home Solutions LLC

**Document #** L24000029793

     Certified Copy

  X   Certificate of Status

**NEW FILINGS**

**&**

**AMENDMENTS**

     Profit Corp

     Not for Profit

     Limited Liability

     Domestication

     LLLP

     Corp

     Inc

     Other

  X   Amendment

     Resignation / Dissociation

     Change of Registered Agent

     Revocation of Dissolution

     Merger

     Articles of Conversion

     Amended & Restated Articles of Incorporation

     Statement of Authority

**APOSTILLE(s)**

**&**

**OTHER FILINGS**

     Apostille(s)

     Foreign Filing

     Reinstatement

     Qualification

     Country(s)

     Fictitious Name

     Annual Report

**EXAMINER'S INITIALS:**           

FILED  
JAN 16 2021  
TALLAHASSEE, FL  
10:05 AM

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NW Florida Home Solutions LLC  
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:

_____	Name of Person
_____	Firm/Company
_____	Address
_____	City/State and Zip Code
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____	at (_____) _____	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATE  
TALLAHASSEE, FL  
2004-06-16 AM 7:13  
SD

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NW Florida Home Solutions LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 16 JAN 24 and assigned  
Florida document number L24000029793.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*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**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**EIN: 99-1925648**

2071	5	11-7-43
		FLORIDA STATE UNIVERSITY, FL

06 MAY 2024

E. Effective date, if other than the date of filing: 03 MAY 2024 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06 MAY 2024

Signature of a member or authorized representative of a member

# Mark V. Gallegos

Typed or printed name of signee