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COVER LETTER

Division of Corporations
SUBJECT: Andrews Elite Home Solutions L.L.C. 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:
Thomas Andrew Edmandson Name of Person
Andrews Elite Home Solutions LLC
7949 Atlantic blud Unit # 205 Address
City/State and Zip Code Andrewedmondson 74 @ gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual Aeport notification) For further information concerning this matter, please call:
Thomas Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\int \text{S25.00 Filing Fee} \text{S30.00 Filing Fee & Certificate of Status} S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

TO:

Registration Section

Division of Corporations 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

FILED

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ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
7949 Atlan	tic blud unit #205
Jacksonville.	F1. 32211
address on our records	, enter the name of the new registere
Enter Florida stree	a address
	Planida
	, Florida Zip Code
•	•
	any as it now appears on our Liability Company) were filed on

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
MGR_	Thomas Andrew Edmondson	7949 Atlantic blue # 205	□Add
			□Remove
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effective da	ue is li	sted, the date	must be specifi	e and cannot be	prior to date of filin	ig or mo	re than 90 days after	filing.) Pursuant to 605.0
				of State's rec		y ming	requirements, this	date will not be listed
ord specil filed.	iles a c	delayed effe	ective date, but	not an effecti	ve time, at 12:01	a.m. o	n the earlier of: (b)) The 90th day after
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