## L24000190870

(Requestor's Name)	
(Address)	2004;
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	09/09/24
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
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## **COVER LETTER**

TO:		egistration Section vision of Corporations					
eum irz		HOME SERVICES, LLC					
SUBJEC	.l:	T:Name of Limited Liability Company					
The encl	losed Articles of .	Amendment and fee(s) are sub-	nitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		SHANE CURTIS					
			Name of Person				
	CLARION HOME SERVICES, LLC						
Firm/Company							
2 HARBOR ACCESS LOOP							
Address							
		FRUITLAND PARK, FL	34731				
			City/State and Zip Code				
		info@clarionhomeservicesf					
			to be used for future annual report notifi	cation)			
For furtl	her information c	oncerning this matter, please ca	ıll:				
SHANE	CURTIS		352 7811900 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:					
<b>■</b> \$25	0.00 Filing Fee	☐ \$30.00 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)			
	Mailing Address Registration:		Street Address: Registration Sec				
Division of Corporations		Corporations	Division of Corporations				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Cor (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited I		any were filed on 04/23/2024	and assigned
Horida document number 1.24000190870			
This amendment is submitted to amend the fol			
A. If amending name, enter the new name (	of the limited l	iability company here:	
NA		_	
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	<del>.</del>
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	2	
		<u></u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 HARBOR ACCESS LOOP	<u>ça</u>
		FRUITLAND PARK, FL 34731	\(\frac{1}{2}\)
	<u></u>		
3. If amending the registered agent and/or gent and/or the new registered office addr		ice address on our records, <u>enter the na</u>	me of the new reg
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		Enter Florida street address	
		, Florida _	
	-	City	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	SHANE CURTIS	2 HARBOR ACCESS LOOP	<b>=</b> Add
		FRUITLAND PARK, FL 34731	Remove
			Change
			□ Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA 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 04- SEP Signature of a member or authorized representative of a member SHAVE CURTIS
Typed or printed name of signee