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Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (786)947-0844

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

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INNOVATE HOME SOLUTIONS LLC

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## COVER LETTER

Division of Co			
INNOVA SUBJECT:	TE HOME SOLUTIONS LLC	C	
	Name of Li	imited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are su	shmitted for filing	
	ondence concerning this matter		
	LUCIA ESTRELLA	,	
		Name of Person	
	LICENSES & PERMITS		
		Firm/Company	
	8300 WEST FLAGLER S	ST	
	<del></del>	Address	
	MIAMI, FL 33144		
		City/State and Zip Code	<del></del>
	LICENCES114@GMAIL.	COM (to be used for future annual report not)	<del></del>
For further information co	oncerning this matter, please o		fication)
LUCIA ESTRELLA		705 227 9727	
Name of	Person	at ()  Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Address		Comment Add	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOUATE HOME SOLUTIONS LCC

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

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L24000392719	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ONS LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
	2025 JA
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7 A O
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name of the we registered
New Registered Office Address:	Enter Florida street address
	Etadda
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is
If Chang	ing 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

Title	Name	Address	Type of Action
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			□Change
			🗆 Add
			⊡Remove
			☐ Change
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