L24000417200

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Carifed Caria
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L





400437784024

10/15/24--01018--019 **25.00



COVER LETTER

TO: Registration Section Division of Corporation (Corporation)			
SUBJECT: Innova	tive Home Sen Name of Lim	vices LLC ited Liability Company	·
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	<u>B</u> c	yan Sheesley Name of Person	
		Firm/Company	
	3215 Brea	Address Lane	
	Melbourne F	Locida 32934 City/State and Zip Code eservices LLC@ac to be used for future annual report notifi	
	Sheesley home	e Selvices LLC a go	nail.com
For further information cond	cerning this matter, please ca	aft:	E 1 (0
Bryan Sh Name of Po	nees\ey	at (321) 917 - Area Code Daytime	5669 Telephone Number
Enclosed is a check for the f	following amount:		· . c
₩ \$25.00 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:		Street Address:	

Registration Section
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

Services LLC	
y Company as it now appears on our re Limited Liability Company)	cords.)
<u>_</u> ,	
ted liability company here:	1
vices LLC	
ted Liability Company," the designation "	LLC" or the abbreviation "L.L.C"
FSS)	
	<u>v. </u>
	: (
office address on our records, er	nter the name of the new register
	. 5
	<u>, </u>
	ပ
Enter Florida street ac	ldress
	. Florida
City	Zip Code
	ted Liability Company," the designation " ESS) Office address on our records, er Enter Florida street ad

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			[]Change
			□Add
			□Remove
			☐ Change
			- CALL
			□Remove
			□C'hange`
			□Add
			□Remove
			□Add
			□Remove

____ Change

						·	
							···-
							
						_	
			<u> </u>				
			. .				<u>. 2</u>
							<u> </u>
							 :
							cc
							
							
-						- <u></u> -	
			<u></u>		<u> </u>	- -	
n effective ote: If th cument's	date, if other than the date is listed, the date must date inserted in this best effective date on the Executive date and the Executive date and the Executive date are the Executive date and the Executive date and the Executive date are the Executive date and the Executive date and the Executive date are the Executive d	st be specific and lock does not m Department of St	cannot be prior to eet the applica ate's records.	ible statutory ti	r more than 90 day ling requiremen	ts, this date v	will not be listed a
is filed.	·						, . .
	10-15-2H			- ·			
ited							
ited	N,	ma	Su	2			

•