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(Re	equestor's Name)			
(Ad	ldress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
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10 AUG 17 AM 11: 23

T. HAMPTON
AUG 1 8 2010
EXAMINER

COVER LETTER

TŲ:	Division of C				
SUBJ	ECT:	A-1 National			
		Name of Foreign	Limited Liabilit	y Comp	any
Dear	Sir or Madam:				
The e	nclosed applica	tion, certificate and fee(s) a	re submitted for	filing.	
Please	e return all corre	espondence concerning this	matter to the fol	lowing:	
	Linda Whi	tfield/Compliance Mana	ger		
	Optima	a Service Solutions, LLC	<u> </u>		
		Firm/Company	•		
	10800 Alp	haretta Hwy. Suite 208-	509		
		Address			
		Roswell, GA 300	76		
		City/State and Zip Code			
	LWhitfiel	d@OptimaServiceSolut	ions.com		
E-1	nail address: (to	be used for future annual i	eport notificatio	n)	
For fi	urther information	on concerning this matter, p	olease call:		
	David	C. Gordon	at (770)		667-4611
	Name	e of Person		Daytim	e Telephone Number
	STREET/CO	OURIER ADDRESS:		MAILI	ING ADDRESS:
	Registration				ation Section
	Division of C			Divisio P.O. Bo	n of Corporations
		ing ve Center Circle Florida 32301			ssee, Florida 32314
	1 41141140000,	v			
	osed is a check 5 Filing Fee	for the following amount: \$\int \$30\$ Filing Fee & Certificate of Status	\$\frac{1}{2}\$55 Filing I Certified Co		☐ \$60 Filing Fee, Certificate of Status &
		Commeate of Status	Common Co	-FJ	Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 AUG 17 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 10, 2010

LINDA WHITEFIELD - COMPLIANCE MANAGER OPTIMA SERVICE SOLUTIONS, LLC 10800 ALPHARETTA HWY - STE 205-509 ROSWELL, GA 30076

SUBJECT: A-1 NATIONAL HOME SERVICES, LLC

Ref. Number: M06000006035

We have received your document for A-1 NATIONAL HOME SERVICES, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 910A00019205

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: A-1 National Home Services, LLC	<u> </u>
		SE!
2.	Jurisdiction of its organization: Georgia	SE SE
	-	유지
	10/00/0000	-62
3.	Date authorized to do business in Florida: 10/30/2006	. 광양
	Jurisdiction of its organization: Georgia Date authorized to do business in Florida: 10/30/2006 SECTION II (4-7 complete only the applicable changes)	STATE
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 7/2/2003)XS
5	New name of the limited liability company: Optima Service Solutions, LLC	
٥.	(must end with "Limited Liability Company," "L.L.C.," or "LLC.")	-
È! th	f name unavailable, enter alternate name adopted for the purpose of transacting business in lorida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")	
6.	If the amendment changes the period of duration, indicate new period of duration:	. •
	perpetual	
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	-
	n/a	
	1Va	-
8.	If the amendment corrects any false statement, indicate the statement being corrected and to correction: n/a	he -
<u> </u>	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the juris under the law of which this entity is organized. Signature of a member of the authorized representative of a member	diction
	Digital a manosipe a m	
	David C. Gordon	
	Typed or printed name of cionee	

Filing Fee: \$25.00

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, Karen C Handel, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

A-1 NATIONAL HOME SERVICES, LLC

a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 02/23/2007 changing its name to

OPTIMA SERVICE SOLUTIONS, LLC

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on February 23, 2007



Karen C Handel Secretary of State

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