

M200000003900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

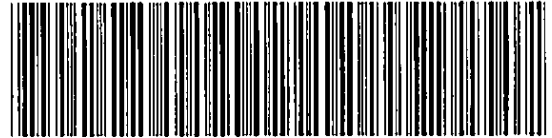
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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LC NIC & amend

2022 AUG 10 AM 8:33

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TALLAHASSEE, FLORIDA

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A. RAMSEY

AUG 11 2022

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/10/22

NAME: ATLANTIX CARE HOLDINGS LLC

TYPE OF FILING: AMENDMENT

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantix Care Holdings LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clifford Esher

Name of Person

Polsinelli PC

Firm/Company

One International Place, Suite 3900

Address

Boston, MA 02110

City/State and Zip Code

cesher@polsinelli.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford Esher

Name of Person

at (617) 406-0338

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Atlantix Care Holdings LLC

Enter new principal office address, if applicable: 1201 Cedar St., Suite C, Safety Harbor, FL 34695

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1201 Cedar St., Suite C, Safety Harbor, FL 34695

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M20000003900

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 22, 2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Consolidated Home Services Group Holdings, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

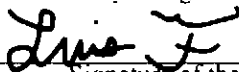
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removal of Chairman and CEO

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Chairman	Neil Flanzraich	151 Buddy St, Santa Rosa Beach, FL 32459	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
CEO	Kurtis Wolff	151 Buddy St, Santa Rosa Beach, FL 32459	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Luis Fernandez

Typed or printed name of signee

Filing Fee: \$25.00


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ATLANTIX CARE HOLDINGS LLC", CHANGING ITS NAME FROM "ATLANTIX CARE HOLDINGS LLC" TO "CONSOLIDATED HOME SERVICES GROUP HOLDINGS, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF AUGUST, A.D. 2022, AT 11:23 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

7838464 8100
SR# 20223225144

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204128820
Date: 08-10-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:23 AM 08/09/2022
FILED 11:23 AM 08/09/2022
SR 20223213006 - File Number 7838464

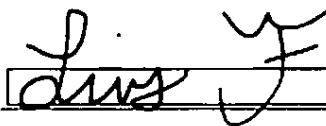
STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Atlantix Care Holdings LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST. The Name of the Limited Liability Company is Consolidated Home Services Group Holdings, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 28 day of July, A.D. 2022.

By: 

Authorized Person(s)

Name: Luis Fernandez
Print or Type