

6/25/24, 3:32 PM

Division of Corporations

((H24000219456 3))

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L23000206989

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LICENSES ETC INC
 Account Number : I20070000159
 Phone : (239)777-1028
 Fax Number : (877)275-3593

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 24 JUN 26 PM 2:45

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

Email Address: SUPPORT@LICENSESETC.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HOME SERVICES BUREAU, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$25.00 |

**M. SOLOMON
 JUN 26 2024**

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

((H24000219456 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME SERVICES BUREAU, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TODD BABBITT
Name of Person

LICENSES, ETC., INC.
Firm/Company

27911 CROWN LAKE BLVD
Address

BONITA SPRINGS, FL 34135
City/State and Zip Code

SUPPORT@LICENSESETC.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TODD BABBITT at (239) 777-1028
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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:
 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME SERVICES BUREAU, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/26/2023 and assigned Florida document number L23000206989.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|------------------|--|
| AMBR | ECKERT, CHRISTOPHER E | 17504 ISBELL LN. | <input type="checkbox"/> Add |
| | | ODESSA, FL 33556 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ECKERT, CHRISTOPHER M | 17504 ISBELL LN. | <input checked="" type="checkbox"/> Add |
| | | ODESSA, FL 33556 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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