

L21000016847

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000181395 3))



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

From: Account Name : EXPERTAX
Account Number : I20200000010
Phone : (407)777-7470
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CORPORATION STATE
TALLAHASSEE, FL

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

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2021 MAY -5 PM 1:30

SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MCC HOME SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

Handwritten signature and date: 5/6/21

H210001813953

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCC HOME SOLUTIONS, 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:

MOYA REGNAULT, MANUEL E

Name of Person

Firm/Company

2066 LIVE OAK RIDGE RD

Address

KISSIMMEE, FL 34746

City/State and Zip Code

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

For further information concerning this matter, please call:

MOYA REGNAULT, MANUEL E

407

2887884

at ()

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

H210001813953

REGISTRATION SECTION
DIVISION OF CORPORATIONS
STATE OF FLORIDA

2021 MAY -5 PM 4:51

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H210001813953

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MCC HOME SOLUTIONS, 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 01/21/2021 and assigned Florida document number L21000016847.

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)

2066 LIVE OAK RIDGE RD

KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2066 LIVE OAK RIDGE RD

KISSIMMEE, FL 34746

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MAY - 5 11:15
2021
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MOYA REGNAULT, MANUEL E

New Registered Office Address:

2066 LIVE OAK RIDGE RD

Enter Florida street address

KISSIMMEE

, Florida 34746

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>
MBR	MOYA REGNAULT, MANUEL E	2066 LIVE OAK RIDGE RD	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	HENANDEZ CASTANO, CARLOS	2066 LIVE OAK RIDGE RD	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 KISSIMMEE, FL 34746
 21 APR 1995

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