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2016 SEP 23 PM 2: 14

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

OLD DOOR	e Repair and Remodel LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shawn B. Brown		
		Name of Person	
	Affordable Repair and Rer	nodel LLC	
		Firm/Company	
	276 Avens Rd. NE		
		Address	
	Palm Bay, FL 32907		
		City/State and Zip Code	<del> </del>
£*1.	LunchboxCritter@gmail.co	,	
50 10		to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Shawn B. Brown		321 301-3557 at ( )	
Name of Person		Area Code Daytime	e 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)
MATE	LING ADDRESS:	STREET/COURI	FD ADDDESS.
Regis	tration Section	Registration Section	n
Divisi	on of Corporations Box 6327	Division of Corpor Clifton Building	ations
	nassee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2016 SEP 23 PM 2: 14
TALLAMASSEE. FLORIOS

Affordable Repair and Repair 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 Co	ompany were filed on 09/14/2016	and assigned	
Florida document number L16000171708	,	und absigned	
This amendment is submitted to amend the following:		·	
A. If amending name, enter the new name of the limi	ted liability company here:		
Affordable Repair and Remodel LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
	,		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>		
B. If amending the registered agent and/or regist		ds, enter the name of the nev	
registered agent and/or the new registered office addr	<u>ess here:</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	ress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and coaccept the obligations of my position as registered ag	omplete performance of my duties,	and I am familiar with and	

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

MGR = M AMBR = A	lanager .uthorized Member		2016 SEP 23 PM 2: 11 SECRETARY OF STATE TALLAHASSEE. FLORID;	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF	Type of Action
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n effective date is listed, the date mu	st be specific and cannot be prior to date of	of filing or more than 90 days after filing.) P	ursuant to 605
ote: If the date inserted in this block the cument's effective date on the D		tutory filing requirements, this date wi	Il not be list
record specifies a delayer	d effective date, but not an e	ffective time, at 12:01 a.m. or	the earli
The 90th day after the rec	ora is mea.		
ted September 20	2016		
A .	· · · · · · · · · · · · · · · · · · ·	presentative of a member	
	BB		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00