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(Re	equestor's Name)
(Ac	ddress)
(Ac	idress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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SECRETARY OF STATE

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TRANSMITTAL LETTER

SUBJECT: BRIAN'S HOME SERVICE, LLC				
(Name of Limited Liability Company)	-			
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
BRIAN S. FOUTZ (Name of Person)				
BRIAN'S HOME SERVICE, LLC				
(Firm/Company)				
1516 PENNSYLVANIA AVE.				
(Address) LYNN HAVEN, FL 32444	- 71			
LYNN HAVEN, FL 32444 CCity/State and Zip Code) LYNN HAVEN, FL 32444 CCity/State and Zip Code) LYNN HAVEN, FL 32444 CERT ARY SEE TARRY				
For further information concerning this matter, please call:	Ü			
CONNIE THARPE at (850) 785-4412				

Registration Section
Division of Corporations

TO:

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		BRIAN'S HOME SERVICE,	LLC
		(Present Name) (A Florida Limited Liability Comp	pany)
FIRST:	The date of fil	ing of the articles of organization was _4/3	77/2004
SECOND:	The following liability compa	amendment(s) to the articles of organization any:	was/were adopted by the limited
PLE	ASE AMEND	ARTICLE IV - MANAGER(S) OR M	IANAGING MEMBER(S):
THE	COMPANY	IS A TWO MEMBER COMPANY.	Ħ.o.
THE	SECOND M	GMR SHOULD BE	ECR.
MG	MR	TRAVIS FOUTZ 1516 PENNSYLVANIA AVE. LYNN HAVEN, FL 32444	FILED MAY 24 P 3 5 SECRETARY OF STATE ALLAHASSEE, FLORICE
Dated N	1AY 18,		* .

Signature of a member or authorized representative of a member

BRIAN S. FOUTZ

Typed or printed name of signce

Filing Fee: \$25.00