L0600046266

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	W
	f	*
Amend		

Office Use Only



600078866036

08/21/86--01009--024 **25.00

06 AUG 21 PM 2: 22 SECRETAR) OF STATI FALLAHASSEE, FLORII

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Robert Southern Home REPAIR 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:

Robert L malloy JR
(Name of Person)

Robert Southern Home REPAIR LLC
(Firm/Company)

120 S. OWEN CIR
(Address)

AuBurndaie Fl 33823
(City/State and Zip Code)

For further information concerning this matter, please call:

RoberT mallo y at (863) 968-1531-412-925-4

(Name of Person) (Area Code & Daytime Telephone Number) CET1

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ROBERT SOUTHERN HOME REPATR LLC (Present Name)	
	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on	
SECOND:	This amendment is submitted to amend the following:	
	The name of my company is	
	Robert's Southern Home Repair- I would	
	1. Ke to Have an 3 at the end of Robert	
	to make it Robert's Southern Home Repair L	20
	·	
•		
		
-		
		em race
		entranta entranta en P
-	For PH 2:	5 / (
Dated <u>Au</u>	igust 17, 200le	
	Suha in makely of	
	Signature of a member or authorized representative of a member	,
	Robert L MAlloy JR Typed or printed name of signee	

Filing Fee: \$25.00