

108000050259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

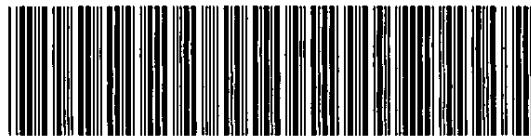
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. THOMAS  
AUG 11 2008  
EXAMINER

## COVER LETTER

TO: **Registration Section**  
Division of Corporations

SUBJECT: **TOTAL HOME AND BUSINESS REPAIR**  
(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:

**JOHNNA CAMPBELL**

(Name of Person)

**TOTAL HOME AND BUSINESS REPAIR**

(Firm/Company)

**P.O. BOX 720**

(Address)

**FORT LAUDERDALE, FL 33302**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JOHNNA CAMPBELL**

(Name of Person)

at ( 954 ) 812-2992

(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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2008

JOHNNA CAMPBELL  
PO BOX 720  
FORT LAUDERDALE, FL 33302

SUBJECT: TOTAL HOME AND BUSINESS REPAIR, LLC.  
Ref. Number: L08000050259

We have received your document for TOTAL HOME AND BUSINESS REPAIR, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days, your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 808A00043619

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

## TOTAL HOME AND BUSINESS REPAIR

**(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 5/19/2008 and assigned Florida document number L08000050259.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2549 FLAMINGO LANE

FORT LAUDERDALE, FL 33312

Enter new mailing address, if applicable:

P.O. BOX 720

FORT LAUDERDALE, FL 33302

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:**

2549 FLAMINGO LANE

*(Enter Florida street address)*

## FORT LAUDERDALE

Florida 33312

(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 608, 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)**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

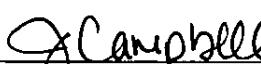
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Johnna Campbell  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA  
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