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EXAMINER



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SECRETARY OF STATE
TALLAHASSAE, FLOMBO

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TOTAL HOME AND BUSINESS 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:					
	Johnna Campbell Name of Person				
Name of Ferson					
Total Home and Business Repair, LLC					
Firm/Company					
2549 FLAMINGO LANE					
Address					
	Fort Lauderdale, FL 33312				
City/State and Zip Code					
thbrepair@hotmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
J	Johnna Campbell	at (954) 8	12-2992		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:					
\$25.00 Filing Fee	e \$\int \\$30.00 \text{ 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)		
Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL HOME AND BUSINESS REPAIR, LLC

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L0800050259	5/20/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
The new name must be distinguishable and end with the words "Limited Liability Com" L.L.C."	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:		5 € ≥
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		AN III
(Mailing address MAY BE A POST OFFICE BOX)		<u>5</u> 5
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	our records, enter th	e name of the new
	Enter Florida street addr	ess
	, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Type of Action MGRM **Derrick Campbell** 2549 FLAMINGO LANE **✓** Add Remove FORT LAUDERDALE, FL 33312 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) <u>2010</u> ged representative of a member yped or printed name of signee

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Filing Fee: \$25.00