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C. LEWIS

OCT 6 2010

EXAMINER

COVER LETTER

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Registration Section

TO:

Division of C	Corporations	•	
SUBJECT:	TOTAL HOME AN	D BUSINESS REPAIR	, LLC
	Name of Li	mited Liability Company	
		. (.	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
	•	•	
		JOHNNA CAMPBELL	
		Name of Person	
	TOTAL HOI	ME AND BUSINESS REPA	AIR, LLC
		Firm/Company	
	;	2549 FLAMINGO LANE	
		Address	
	FOR	T LAUDERDALE, FL 3331	2
		City/State and Zip Code	
		thbrepair@hotmail.com to be used for future annual report no	
F 6 4b 1 6 41		• *•	nitication)
For further informatio	n concerning this matter, please	e call:	
	INNA CAMPBELL	at (_954_)	812-2992
Nam	e of Person	Area Code & Dayt	ime Telephone Number
Enclosed is a check for	or the following amount:	TO STATE OF THE	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL HOME AND BUSINESS REPAIR, LLC

FILED
MOCT-5 PHE 55

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 5/20/2008 and assigned The Articles of Organization for this Limited Liability Company were filed on L08000050259 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TOTAL HOME AND BUSINESS, LLC 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: (1) Color of the c (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City

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:

	<u>Name</u>			Address	Type of Action
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			_		Add` Remove
		····			Neillove
mendinş	g any other inforn	nation, enter	change(s	s) here: (Attach additional sheets, if necess	ary.)
					ZOLIO OC
					72 /2
	- 4		20K)	SCRETARY OF STATE
Oct	- 4	Signature of a m	20K Cav	authorized representative of a member	SECRETARY OF STATE

Page 2 of 2

Filing Fee: \$25.00