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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Home Design and Repair Services, 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:
Horen R. Hahn Name of Person
Home Design and Repair Services, LLC
2652 Breton Ridge Drive
Tallahassee, FL 32302. City/State and Zip Code
Krhahn 3 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Haren R. Hahn at (857), 893-5855 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy}\$\$ \$\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy}\$\$ \$\ \text{(additional copy is enclosed)}\$\$ \$\ (additio

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 ARTICLES OF ORGANIZATION **OF**

Home Desig	n and	Kepair Serv	ICES, I LOPH 12: 4		
(Name of the Limited Lin (API)	rida Limited Lia	y as it dow appears on our record ability Company)	SECRETARY OF STAT		
The Articles of Organization for this Limited Liability Company were filed on and assigned					
Florida document number <u>L09000</u>	413.	9 .			
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with th	e words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2652 Breton	Ridge Drive		
[Principul Office uturess MOST DE A STREET A	DDRESS)	- Tanurussee,	TE SASTA		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2652 Breton Ridge Drive Tallahassee, Fl. 32312			
B. If amending the registered agent and/or registered agent and/or the new registered office			nter the name of the new		
Name of New Registered Agent:	Karer	n R. Hahn			
New Registered Office Address:	2652	Breton Kidge Enter Florida Stre	et address		
- -	Tallak	<u>OASSEC,</u> Flori	207101		
New Registered Agent's Signature, if changing Regi	istered Agent:	•	· x		

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.

egistered Agent, Signature of New Registered Agent

Page 1 of 2

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 **Type of Action** Address **Title** Name Karen R. Hahn Penny L. Ranew MGRM Remove ☐ 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.) Dated of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00