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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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MAY 28 2010

EXAMINE

2010 HAY 27 AM DO 56 SECRETARY OF STATE

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Caribbean Home Repairs 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:		
	Jeremiah Les <u>lie</u> Name of Person	,	
	Caribbean <u>Home Repairs LEC</u> Firm/Company		
	1525 Northwest 15th StreetAddress		
	Fort Lauderdale, FL 33311 City/State and Zip Code		
	jmcclsvs@aol.com E-mail address: (to be used for future annual report notification)	SECAL	AT COMP
For further in	formation concerning this matter, please call:	N 27	Lucia Secretaria
Verdi	Name of Person at (954) 791-1701 Area Code & Daytime Telephone Number	OF STATE	2
Enclosed is a	check for the following amount:	*-	
\$25.00 Fi	Certificate of Status Certified Copy Certificate of Cadditional copy is enclosed) Certified Co	of Status &	

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

<u>Caribbean Home Repairs LI</u> (<u>Name of the Limited Liabili</u> (A Florida	C ity Company as it now app	ears on our records.)	
(A Florid	a Limited Liability Compan	y)	
The Articles of Organization for this Limited Liability	Company were filed on _	04/27/2010	and assigned
Florida document numberL10000045157	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	nited liability company l	nere:	
Caribbean Finished Carpentry Home The new name must be distinguishable and end with the w 'L.L.C."	Repairs LLC ords "Limited Liability Cor	npany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	ORESS)		75 20
			20 N
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			至 5
			9
			- 55 - S
 If amending the registered agent and/or registered agent and/or the new registered office ad 		o our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		·	
		Enter Florida street aa	ldress
		, Florida	
	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

	Name	Address	Type of Action
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			Remove
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f amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if nec	ressary.)
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Page 2 of 2

Filing Fee: \$25.00