



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PS's 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:

JAMES PASQUINI  
Name of Person

PS's Repairs LLC  
Firm/Company

KS 5541 NATOMA DR  
Address

FT. MYERS FL 33919  
City/State and Zip Code

phillyjimb013@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES PASQUINI at 239 440-4591  
Name of Person 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)

**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

PT's Repairs LLC.

(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 10/06/2010 and assigned Florida document number 4000010437.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

A-1 FLOORING & MORE LLC A-1 Flooring & More LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

150 Brooks Rd  
N. FT. MYERS FL 33917

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 Brooks Rd.  
N. FT. MYERS FL 33917

**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:

150 Brooks Rd.  
*Enter Florida street address*  
N. FT. MYERS, Florida 33917  
*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 605, 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

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P 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Basilios Alex Nastos	<del>150 Brooks Rd</del>	<input type="checkbox"/> Add
		150 Brooks Rd	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kelly Pasovini	150 Brooks Rd.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 16 NOV 28 PM 4:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11/21, 2016.

Signature of a member or authorized representative of a member
[Handwritten Signature]
JAMES PASQUINI
Typed or printed name of signee

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NOV 28 P 4: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA