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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT:	Mr James	Home Repairs LLC		
SUBJECT:		ited Liability Company		
	of Amendment and fee(s) are su			
Please return all corres	pondence concerning this matte	r to the following:		
		James Isfalt Name of Person		
			_	
	<u>M</u> r J	ames Home Repairs LI Firm/Company	LC	
	3276 Electra Dr			
		Address		. 7
		Milton FL 32583		
	City/State and Zip Code			e e
	E-mail address: (ajort2009@yahoo.com to be used for future annual repor	t notification)	0
For further information	concerning this matter, please	call:		
James Isfalt		at (850)	320-1330	
Name	of Person	Area Code & D	sytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	e of Status &
Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 lassee, FL 32314	Registration S Division of C Clifton Buildi	orporations ing ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mr James h (Name of the Limited Liability Co (A Florida Lim	ome Repairs L mpany as it now app ited Liability Company	LC ears on our records.)	·	_	
The Articles of Organization for this Limited Liability Com- Florida document numberL10000115323	apany were filed on	November 05,20	010 and	l assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company h	ere:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	pany," the designation	"LLC" or	the abbr	eviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	ي ٿُوَ	(**) (**)	
(Principal office address MUST BE A STREET ADDRES	<u></u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	ens
	 – 		- T		ertemu grantes
			第1年) 201年) 1871年)	9	3 may print.
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		37.2 _{6.0}	β ∏ <u>}</u> Spering
(Mailing address MAY BE A POST OFFICE BOX)			95 -	75	1, 1
				S)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>ente</u>	r the nam	e of th	ie new
Name of New Registered Agent:			···		
New Registered Office Address:		Enter Florida street a	ddress	···.	<u></u>
	Cia.	, Florida	7: 0	Y # .	
	City		Zip C	ode	

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	James Isfalt	3276 Electra Dr Milton Fl 32583	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add_ C_Remove
			Add Remove
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if necessar	ny.)
	November 17	2010	
Dated	(- Call	
	Signature of a	member or authorized representative of a member James Isfalt	-
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00