3.

L110000014118

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SECRETARY OF STATE DIVISION OF CORPORATIONS

11 FEB 18 AM III LE

T. HAMPTON
FEB 2 1 2011
EXAMNER

COVER LETTER

Division of Corporations						
SUBJECT:	AA & J HOME REPAIR 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:						
ANDREYNA INOJOSA						
Name of Person						
AA & J HOME REPAIR LLC						
	Firm/Company					
	2209 PONTINA CT # C					
	Address .					
KISSIMMEE, FL 34741						
	City/State and Zip Code					
E-mail address: (to be used for future annual report notification)						
For further information con	cerning this matter, please of	all:				
ANDRE	/NA INOJOSA	at (407) 9	25-3112			
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)			

TO:

Registration Section

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 SECRETARY OF STATE ARTICLES OF ORGANIZATION OF 11 FEB 18 AN INCL.

AA & J HOME REPAIR 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 ____ 02/02/2011 and assigned Florida document number ____ L11000014118 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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

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.

City

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
MGRM	FRANCISCO FLORES	2209 PONTINA CT APT C KISSIMMEE FL 34741	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If am	nending any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
			ORPORATION AND IN CASE
_	February 9th	9011	
Dated	Signature of a	nember or authorized representative of a member	
	Andre	2 Yng Inojosa Typed or printed name obsignee	

Page 2 of 2

Filing Fee: \$25.00