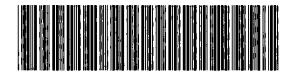
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(Re	equestor's Name)				
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K. SALY EXAMINER AUG 3 2012

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ст∙	FOUNDATION RE	PAIR SPECIALIST, LLC	
SCISE	C1.	<del></del>	ed Liability Company	
		Amendment and fee(s) are substitution of the s		
		R/	AFAEL RODRIGUEZ	
			Name of Person	
		FOUNDATIO	ON REPAIR SPECIALIST,LI	LC
			Firm/Company	
		1	3919 CRATER CIR	
			Address	
		<u></u>	HUDSON FL 34669	
			City/State and Zip Code	
		E-mail address: (to	LC.TM@GMAIL.COM be used for future annual report notifica	ition)
For furt	ner information co	meeming this matter, please ca	•	
<	Barahar	in Rodriguez	2 at (727) 85	57-6516
	Name of	Person	at ( 727 ) 85  Area Code & Daytime T	elephone Number
Enclose	d is a check for the	e following amount:		
<b>₹2</b> 5.	90 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



FOUNDATION REPAIR SPECIALIST, 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 fi			02/15/2012	and assigned	
Florida document number L1200002	2216				
This amendment is submitted to amend the foli	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :		
	N/A				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ted Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREE	N/A				
Enter new mailing address, if applicable:		<del></del>			
(Mailing address MAY BE A POST OFFICE BOX)		N/A			
B. If amending the registered agent and/ registered agent and/or the new registered or			our records, <u>enter t</u> l	ne name of the nev	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street address			
	, 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 MGRM = Managing Member **Title** Type of Action <u>Name</u> <u>Address</u> **MGRM** LAWRENCE D. DANIEL 14011 IRVING ST. SPRING HILL FL 34609 ✓ Add 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.) **JULY 25** 2012 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

RAFAEL RODRIGUEEZ
Typed or printed name of signee