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FAX 321 723 8218

P. 001/004

Division of Corporations

Page 1 of 1

L14000084356

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHANE M. SMITH, P.A.  
Account Number : I20140000004  
Phone : (321) 724-1919  
Fax Number : (321) 723-8218

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EAST FLORIDA HOME REPAIRS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

14 AUG -1 PM 4:38

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 AUG -1 AM 9:26

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AUG - 4 2014

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

**EAST FLORIDA HOME REPAIRS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 5/27/2014  
Florida document number L14000084356

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: MIGUEL A TAVERAS-CEPEDA

New Registered Office Address: 1402 RIVIERA DR NE

*Enter Florida street address*

PALM BAY

Florida 32905

*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.*

*Miguel A Taveras-Cepeda*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	MIGUEL A TAVERAS-CEPEDA	1402 RIVIERA DR NE	<input checked="" type="checkbox"/> Add
		PALM BAY, FL 32905	<input type="checkbox"/> Remove
MGR	MIGUEL A TAVERAS	1402 RIVIERA DR NE	<input type="checkbox"/> Add
		PALM BAY, FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA

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

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E. Effective date, if other than the date of filing: AUGUST 1, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 1, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**MIGUEL A TAVERAS-CEPEDA**  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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