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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:		istration Se sion of Cor		,	
SUBJE	CT.	Global and	Construction and Home Repair	r LLC.	
SUBJE	CI:		Name of Lim	ited Liability Company	
The enc	losed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	etum	ali correspo	ndence concerning this matter	to the following:	
			Michael E. Walker		
				Name of Person	<u>-                                      </u>
			Global Construction and H	ome Repair LLC.	
			<del></del> -	Firm/Company	-,
			Po Box 1923		
				Address	
			Valrico, Fl 33595		
				City/State and Zip Code	
			globalchrepair@gmail.com E-mail address: (	to be used for future annual report notific	ation)
For furt	her in	nformation co	oncerning this matter, please ca	·	,
Michae	lE W	Valker Sr.		813 424-7914	
		Name of	f Person	at ()	clephone Number
Enclose	d is a	check for th	ne following amount:		
□ <b>\$</b> 25	.00 F	iling 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)
			ING ADDRESS: ation Section	STREET/COURIE Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Global Construction and Home Repair LLC.				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liability Company	were filed on _01/26/2015	5a	nd assign	ied
Florida document number L15000014451				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	n "LLC" or the abbreviat	ion "L.L.C	
Enter new principal offices address, if applicable:			. =	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	ALL	9 7	
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Enter new mailing address, if applicable:		<u></u>	후 기	<u>ш</u>
(Mailing address MAY BE A POST OFFICE BOX)		-LORIO)	∴ <b>3</b>	
		9		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter the n</u>	ame of	the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	address		<del></del>
		, Florida		
<del></del>	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

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
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Michael E Walker Sr	Po Box 1923	
		Valrico, FL 33595	☐ Remove
			■ Change
Owner	Melissa Walker	Ро Вох 1923	
		Valrico, Fl 33595	☐ Remove
			□ Change
MGR	Micheal E Walker JR	Ро Вох 1923	Add
		Valrico, Fl 33595	Remove
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Filing Fee: \$25.00