## 115000015435

(Re	questor's Name)	,
(Ad	dress)	·
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(Cit	ry/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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elib leca		ME REPAIRS SOLUTION	IS LLC							
SUBJECT	•	Name of Lir	mited Liabili	ty Compan	y	· <u>-</u>				
The enclos	ed Articles of A	mendment and fee(s) are sul	bmitted for	filing.						
Please retu	m all correspond	lence concerning this matter	r to the foll	owing:						
		CARLOS GUZMAN								
			Nan	ne of Person	n				<del> </del>	
			Firr	n/Company	/			······································	<del></del>	
		900 CENTER STREET								
			1	Address						
		OCOEE FL 34761								
	City/State and Zip Code									
		E-mail address:	(to be used f	or future ar	nual re	port n	otificatio	n)		
For further	information con	cerning this matter, please c	call:							
CARLOS GUZMAN			at :	407 (	920-	9631				
<u>-</u>	Name of P	erson		Area Code	./	Dayt	ime Tele	phone N	lumber	_
Enclosed is	a check for the	following amount:								
<b>■</b> \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Cer	00 Filing tified Cop litional copy	у	sed)		Ce Ce	.00 Filing For tificate of Strified Copy ditional copy is	Status &

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 ARTICLES OF ORGANIZATION OF

ZOITAPR 17 PM 1: 05
TALLAHASSEE. FLORIDA

UNIQUE HOME REPAIRS SOLUTIONS 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 Co	ompany were filed on 4/29/2015	and assigned
Florida document number L15000075435	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
U.H.R. SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or regist- registered agent and/or the new registered office addr Name of New Registered Agent:		ds, enter the name of the new
Naw Pagistared Office Address		
New Registered Office Address.	Enter Florida street addr	ess
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent	, F	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete performance of my duties, c ent as provided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is
	If Changing Registered Agent, Signature	e 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 . AMBR = Authorized Member **Title** <u>Address</u> <u>Name</u> Type of Action **CATALINA MADRID** MGR 900 CENTER ST □ Add OCOEE FL 34761 **■** Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change ☐ Add □ Remove ☐ Change \_□ Add ☐ Remove

☐ Change

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(If an effe Note:	ive date, if other than ective date is listed, the dat If the date inserted in the ent's effective date on t	e must be specific an his block does not t	d cannot be prior meet the applica		than 90 days after fi	ling.) Pursuant to 60:	
the rec	ord specifies a dele 90th day after the	ayed effective of record is filed.	date, but not	an effective tin	ne, at 12:01 a.ı	n. on the earli	er of:
Dated _	Dpril	<u> </u>	, 2017	<u>`</u> .			
	. 600	$\geq$					
	X			rized representative of			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00