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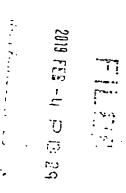
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Div | ision of Co | rporations | | |
|----------------|---------------|--|---|--|
| SUBJECT: | MIKES EA | ASY HOUSE REPAIRS LLO | | |
| 000, | | Name of Lin | nited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | JASON BAKER | | |
| | | MIKES EASY HOUSE R | Name of Person EPAIRS LLC | |
| | | PO BOX 361252 | Firm/Company | |
| | | MELBOURNE FL 3293 | Address 6 | |
| | | TOMEZ1735@AOL.COM | City/State and Zip Code | <u> </u> |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further in | formation c | oncerning this matter, please ca | all: | |
| JASON BAK | CER | | 757 560-1770 | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 Fi | 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) |

MAILING ADDRESS:

Registration Section

TO:

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

| MIKES EASY HOUSE REPAIRS LLC | 1 1 |
|--|--|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our records.) Limited Liability Company) 2019 FES -4 P 12: 29 |
| The Articles of Organization for this Limited Liability Co. Florida document number L15000120308 | ompany were filed on $\frac{07/14/2015}{62.128608.1286}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ted liability company here: |
| The new name must be distinguishable and contain the words "Limi | ited 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 ADDR | (ESS) |
| Enter new mailing address, if applicable: (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 | tered office address on our records, <u>enter the name of the new</u> ress <u>here</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| - | , 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 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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---|----------------|
| MGR | ANTONYO JOHNSON | 1840 BRIDGEWATER DR APT 246 MELBOURNE FL 32934 | □ Add |
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| fective date, if other than the date of filing an effective date is listed, the date must be specific as | ng: | o date of filing or mo | coption (option | .al) ling) Pursuant to 605 020 |
| ote: If the date inserted in this block does not | meet the applica | ble statutory filing | requirements, this c | ate will not be listed a |
| ocument's effective date on the Department of | State's records. | | | |
| (C) and data and afficient | | an official time ti | ma at 12:01 a | m on the earlier |
| | date, but not J. | an enective ti | me, at 12.01 a. | ii. On the earner t |
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| e record specifies a delayed effective. The 90th day after the record is filed ated. | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00