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S. YOUNG

## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations				
MIKES EA	ASY HOUSE REPAIRS LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JASON M BAKER				
		Name of Person			
MIKES EASY HO		EPAIRS LLC			
		Firm/Company			
	PO BOX 361252				
		Address	·		
	MELBOURNE FL 32936	5			
		City/State and Zip Code	<del></del>		
	TOMEZ1735@AOL.COM				
	E-mail address: (	to be used for future annual report not	ification)		
For further information of	concerning this matter, please co	alt:			
JASON M BAKER		321 752 6880			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite 810		

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MIKES EASY HOUSE REPAIRS 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 filed on 7/14/2015 and assigned Florida document number L15000120308 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 contain 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: New Registered Office Address:

#### 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

Enter Florida street address

\_, Florida \_

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	MILES HAGUE	760 BADGER DR NE	□Add
		PALM BAY, FL 32905	Remove
			□Change
MGR A	ANTONYO JOHNSON	1840 BRIDGEWATER DR 246	
		MELBOURNE, FL 32934	□Remove
			□Change
			□Add
			□Remove
			Change
	<u></u>		□ Add
			□ Remove
			Remove
			□ Change
			🗀 Add
			□ Remove
			Change

## Page 2 of 3

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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: I	te date, if other than the date of filing:
f the reco b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	6//6
	Signature of a member or authorized representative of a member  ASON M BAKER
	Typed or printed name of signee

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Filing Fee: \$25.00