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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646~1527

**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 L.G. SERVICES AND REPAIRS, LLC.

Certificate of Status	0
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T. LEMIEUX Help AUG 2 4 2022

ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION OF

L.Çı,	SERVICES AND REPAIRS, LLC.	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab lorida document number 1.16000039533	oility Company were filed on 02/25/2016	and assigned
his amendment is submitted to amend the follow		
. If amending name, enter the new name of t	he limited liability company here:	
L.G. LIMITED R	ESIDENTIAL REPAIRS, LLC.	
he new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO		
. If amending the registered agent and/or reg	istered office address on our records, enter the na	ame of the new register
gent and/or the new registered office address		_ ~3
		AUG.
Name of New Registered Agent:		<u>3</u> 23 ≟
New Registered Office Address:		
	Enter Florida street address	95 F
	, Florida	Zin Code
	~·•,	wip over

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.

full lung

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

Title	<u>Name</u>	Address	Type of Action
			🗆 🗅 Add
			□ Remove
			Change
			□Add
			□Change
			DAdd
			□Remove
			□Change
			JAdd
			□Change
			CAdd
			□Remove
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			□ Change

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<u>lote:</u> If	the date inserte	than the date the date the date must be specified in this block does not the Department	oes not meet	the applicat	date of filing or de statutory fil	more than 90 ding requireme	_ (optional) ays after Hing.) nts, this date w	Pursuant to 605.020 fill not be listed a
record s I is filed		ed effective date	, but not an	effective tim	e, at 12:01 a.m	. on the earlie	er of: (b) The	90th day after th
ated	8-22-2022	<u> </u>	, _	0-				

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