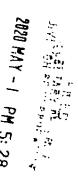
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Special Instructions to	Filing Officer:	
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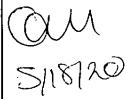


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Office Use Only



## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

HOME DA	MAGE DOCTOR LLC		
SUBJECT:	Same of Umi	ted Liability Company	<del></del>
The englosed Articles of	Amendment and feets) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	FELIX KIELY		
		Name of Person	
	HOME DAMAGE DOCTO	OR LLC	
		Firm/Company	
	1106 NE 8TH PL		
		Address	
	CAPE CORAL, FL 33909		
		City/State and Zip Code	
	homedamagedr@gmail.com	to be used for future annual report notit	ientians
For further information c	oncerning this matter, please co		(Catto)
Felix Kiely		239 8106654	
Name o	r Person	at () Area Code Daytime	· Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing 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 Addres		<u>Street Address:</u> Registration Sec	ction
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME DAMAGE DOCTOR 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 JANUARY 23, 2017 and assigned Florida document number  $\frac{1.17000017211}{}$ 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 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: Enter Florida street address \_. Florida \_

## 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.

Cinv

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>	Name	Address	Type of Action
MGR	JOANN KIELY	1408 NE 8TH PL. CAPE CORAL FL 33909	■ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
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		04/28/2020			
Effective date, if other	than the date of filing	04/28/2020 g:	te of filing or more than	(optional)	o 605 9207 C
(If an effective date is listed, the Note: If the date inserted	ne date must be specific and in this block does not n	g: I cannot be prior to da neet the applicable	te of filing or more than statutory filing requir	(optional) 90 days after filing.) Pursuant tements, this date will not b	to 605.0207 () e listed as th
(If an effective date is listed, th	ne date must be specific and in this block does not n	g: I cannot be prior to da neet the applicable	ate of filing or more than statutory filing requir	90 days after filing.) Pursuant i	to 605.0207 ( e listed as th
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(If an effective date is listed, the Note: If the date inserted document's effective date the record specifies a delayer ord is filed.	ne date must be specific and in this block does not not on the Department of S and effective date, but not	d cannot be prior to da neet the applicable state's records.  an effective time, a	statutory filing requirate at 12:01 a.m. on the e	90 days after tiling.) Pursuant rements, this date will not barrier of: (b) The 90th day	e listed as th
Note: If the date inserted document's effective date the record specifies a delayer ord is filed.	ne date must be specific and in this block does not not on the Department of S and effective date, but not	d cannot be prior to da neet the applicable state's records.  an effective time, a	statutory filing requir	90 days after tiling.) Pursuant rements, this date will not barrier of: (b) The 90th day	e listed as th

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Filing Fee: \$25.00