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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Bree		ons & Repair	S LLC.
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Christine		
	Breed heno	Name of Person Vations & Re Firm/Company	pairs LCC.
	4125 Pid	Idle St. Address	
	Pace	FL. 32571	
	Breed Ran	City/State and Zip Code A Pa @ gmail to be used for future annual report notif	. COM
For further information co	oncerning this matter, please ca	all:	
<u>Christine</u>	Breed Person	at (<u>334</u>) <u>318</u>	© 0 3 0
Enclosed is a check for th	e 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 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

Breed Renova	hons	<u>į</u> .	Repa	rΩ	LLC	<u>. </u>	
(Name of the Limited Li (A F	ability Compan orida Limited L	y as it n ov lability Co	w appears on ome mpany)	our records.)		
The Articles of Organization for this Limited Liabili	ty Company v <u>AG</u> 3	were file	d on <u>MCI</u>	ich 7	-,2017 an	d assig	gned
This amendment is submitted to amend the followin	g:						
A. If amending name, enter the new name of the	limited liabil	lity c <u>om</u> j	pany here:				
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	:	ty Compar	ny," the designa	ntion "LLC"	or the abbreviation	on "L.L.	C."
Enter new mailing address, if applicable:				-			
(Mailing address MAY BE A POST OFFICE BO)	Ú				· .		
		-				8	
B. If amending the registered agent and/or i	egistered off	fice add	ress on our	records.	enter the n	≨ o⇔me	f_the 'new
registered agent and/or the new registered office					171 - 1	7	
					- <u>- </u>	PM	i.
Name of New Registered Agent:					9	ÿ.	<u> </u>
N. D 10% A.H.					IDA	9	
New Registered Office Address:		F	Inter Florida st	reet address			
				. Flor	rida		
_		City		, , , , , , , ,		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

Title MGA	<u>Name</u>	Address	Type of Action
mgn Ambh	Jacob Breed	4125 Riddle St.	t Add
		Pace Fl. 32571	□ Remove
mah			Change
AMBR	Clarence Poellnitz	9041 Gulf Beach	\ Add
		Hwy. Pensacola fl.	
		32507	□ Change
			Remove
			Change
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		TASSEE.	€ move
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			_bAdd
			□ Remove
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