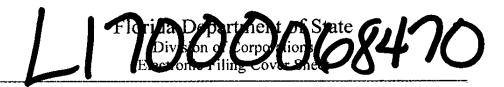
2017-05-13 12:48:07 PDT

15128571031 From: Sarah Perales Page 1 of 2

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000131625 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323) 962-8600 : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OUR PLACE AIR & HOME REPAIR, LLC

| Certificate of Status | 0 |
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O SIMMONS 5/13/2017 MAY 1 6 2017

TO:

Registration Section

COVER LETTER

| Div | ision of Corp | orations | | • |
|----------------|-----------------|--|---|--|
| SUBJECT: | OUR PLAC | CE AIR & HOME REPAIR | R, LLC | |
| | | Name of Lim | ited Liability Company | ************************************** |
| | | | | |
| The enclosed | l Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspond | dence concerning this matter | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | | | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N. Brand Blvd., 11t | h Floor | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | d.gelhar@tcinteractivegr | • | |
| | | E-mail address: (| to be used for future annual report | notification) |
| For further is | rformation cor | ncerning this matter, please ca | all: | |
| Cheyenne I | Moseley | | at / | 8 ext. 9724 |
| | Name of I | ^o erson | Area Code Day | rtime Telephone Number |
| Enclosed is a | check for the | following amount: | | |
| □ \$25.00 F | 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 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

| OUR PLACE AIR & HOME REPAIR, LLC (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
|---|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000068470</u> . | y were filed on <u>03/27/2017</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| The new name must be distinguishable and end with the words "Limited Lin | ability 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) | | 3 |
| | | and a second |
| | | , C, |
| Enter new mailing address, if applicable: | | = ; |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | ,, o r |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. | | the name of the new |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | | |
| New Negistered Office Address. | Erner Florida street address | |
| | , Florida | |
| | City | Zip Cocle |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office | e performance of my duties, and I am provided for in Chapter 605, F.S. Or | familiar with and , if this document is |

Page 1 of 3

If Clunging Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

To: Page 5 of 6

MGR = Manager

2017-05-13 12:48:07 PDT

15128571031 From: Sarah Perales

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action MGR Christian Peter Lee 938 124 Ave., Unit B **⊠** Add Tampa, FL 33612 _□ Remove _D Add _ Remove _□ Add ☐ Remove □ Add _□ Remove □ Add __ Add __ Remove

| | ing any othe | r information, en | ter change(s) here: (Attach | additional sheets, if necessary.) |
|------------------------------------|--------------------------------------|---|---|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Effective | date, if other | than the date of | filing: | (optional) |
| (The effective the date this | e date must be s a document is fi | pecific, cannot be prior led by the Florida Dept | r to date of receipt or filed date and our artment of State) | annot be more than 90 days after |
| (The effective the date this Dated | e date must be s a document is fi | pecific, cannot be prior led by the Florida Dept // | e to date of receipt or filed date and continent of State) | annot be more than 90 days after |
| the date this | e date must bo s a document is fi | pecific, cannot be prior led by the Florida Dept | entment of State) | annot be more than 90 days after |
| the date this | e date must bo s s document is fi | led by the Florida Dept | entment of State) | |
| the date this | e date must bo s a document is fi | led by the Florida Dept | autment of State) | |

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