N17000141586

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Thomas K	Clock Home Repair LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Thomas Klock		
		Name of Person	
		Firm/Company	
	7404 Valrie Lane		
		Address	
	Riverview Fl 33569		
	tklockhomerepair@gmail.c	City/State and Zip Code	 -
	· = -	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Jennifer Klock		813 378-6894 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addre</u> Registration		Street Address: Registration So	etion
Division of Corporations		Registration Section 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

Thomas Klock Home Repair LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L17000141586}{L17000141586}$.	any were filed on $\frac{06/29/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
K&H Contracting LLC	
The new name must be distinguishable and contain the words "Limited L	iability 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	2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	-
3. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
	.1 E2
Name of New Registered Agent:	7221 101
New Registered Office Address:	
	Enter Florida street address
	Florida
	City : Zip Code

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.

New Registered Agent's Signature, if changing 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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