# L17000176064

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rustys Heme Repair and Remodeling LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lawrence M Webb  Name of Person
Rustys Home Repair and Remodeling
1927 Adams Dr- Address
Defuniak Springs FL 32433 City/State and Zip Code
E-mail address: (to be used for future arrhual report notification)
For further information concerning this matter, please call:
Lawrence W Webb at (850) 582-5466 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution See S

### 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

Kustys Home Repair (Name of the Limited Liability Comp (A Florida Limited	and Kemode	ling LLC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our I Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1700176064</u> .	y were filed on OB/1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>.</u>	
Principal office address MUST BE A STREET ADDRESS		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
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		70 74
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		(부 대: (')
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip 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:

	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00