41800014169

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PICK-UP WAIT MAIL
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COVER LETTER

TO:,	Registration Se Division of Cor					
CHD II		es Repairs & More LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Jesse Reyes				
			Name of Person	· · ·		
	JEMA Tax & Services Inc					
			Firm/Company			
		4503 Lee Blvd				
			Address			
		Lehigh Acres, FI 33971				
			City/State and Zip Code			
		jesse@jemataxes.com				
		E-mail address: (to be used for future annual report notifi	cation)		
For fu	rther information co	oncerning this matter, please ca	all:			
Jesse	Reyes		239 244-9450at () Area Code Daytime			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ \$ 2	5.00 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 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**

Reyes Homes Repairs & More 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 $\frac{01/16/2018}{1}$ and assigned Florida document number _____18000014169 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 552 Olympic Village Enter new principal offices address, if applicable: Unit 106 (Principal office address MUST BE A STREET ADDRESS) Altamonte Springs, FL 32714 552 Olympic Village Enter new mailing address, if applicable: Unit 106 (Mailing address MAY BE A POST OFFICE BOX) Altamonte Springs, FL 32714 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: Alejandro Reves-Guerrero Name of New Registered Agent: 552 Olympic Village Unit 106 New Registered Office Address: Enter Florida street address , Florida 32714
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.

Cin

Altamonte Springs

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

Type of Action
Remove
Change
□ Remove
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O []
2: Add 8
□ Remove
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☐ Remove

☐ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated Additional Additi	, H am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The 90th day after the record is filled.	•	•
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Dated		
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Signature of a member of authorized representative of a member		Albanden Payer Guerrono
		Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00