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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2003)
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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corpo		•	
SUBJECT:	n Repairie	ng Remodeling ted Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	3880 N Fort Law	Address City/State and Zip Code	33311
	1mtobless E-mail address: (t	Scd0510 Vahoo . Con o be used for future annual report notific	ation)
For further information con-	cerning this matter, please ca	ılı:	
Anguinette Name of P	Morton erson	at (<u>954</u>) 773 Area Code Daytime T	- 3360 Felephone 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)

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

Name of the Limited Liability Compan	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on	Arch 15, 2018 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designati	on "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		ಹ	AEC SEC
	_	3	₽₩
		22	TARY ASSE
Enter new mailing address, if applicable:			드유년
(Mailing address MAY BE A POST OFFICE BOX)		ं प	FEST ST
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			>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our :	records, <u>enter the name of the</u>	new
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida stre	et address	
	City	Zip Code	
New Destates 1 A. H. Ct. A. 10 Ct. A. 10 P. A. 10 P. A. 11 Ct. A. 11 Ct. A. 11 Ct. A. 12 Ct. A.			

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 **Type of Action** Name Address <u>AMB</u>R Enquinette Morton Add Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove

☐ Change

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Filing Fee: \$25.00