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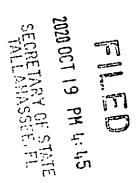
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	HOME REPAIR SERVICES,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
BURDINE HOME REPAIR SERVICES, 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: BILLIE LEE BURDINE SR Name of Person BURDINE HOME REPAIR SERVICES, LLC Firm/Company 4829 COUNTRY TRAILS DRIVE Address POLK CITY, FL 33868 City/State and Zip Code BURDINEHOMEREPAIRSERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BILLIE LEE BURDINE SR Name of Person Area Code Dayrime Telephone Number Enclosed is a check for the following amount: \$\Bigsir \text{S25.00 Filing Fee} \times \text{S30.00 Filing Fee} \times \text{Ccrtified Copy} \text{Certificate of Status} \times \text{Ccrtified Copy} \text{(additional copy is enclosed)}			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BILLIE LEE BURDINE S	R	
		Name of Person	
	BURDINE HOME REPAI	R SERVICES, LLC	
		Firm/Company	
	4829 COUNTRY TRAILS	DRIVE	
		Address	
	POLK CITY, FL 33868		
		City/State and Zip Code	
		-	g: Person LLC Inpany ess d Zip Code GMAIL.COM ture annual report notification) 3 956-6142 Code Daytime Telephone Number Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section
		·	1)
For further information c	oncerning this matter, please c	all:	
BILLIE LEE BURDINE	SR		
Name o	f Person		hone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			
Division of C		Division of Corporat	ions
P.O. Box 632	7	The Centre of Tallah	assee
Tallahassee, I	FL 32314	2415 N. Monroe Stre	et, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 OCT 19 PM 4: 45

BURDINE HOME REPAIR SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records) WRY UF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{5/2.115}{}$	and assigned
Florida document number L18000110416		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered offic	e address on our records, enter	the name of the new registered
agent and/or the new registered office address here:	e address on our records, <u>enver</u>	The name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss .
		lorida
	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 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>	Name	Address	Type of Action
MGR	AUSTIN MONSEN	5511 LAKE LUTHER RD	□Add
		LAKELAND, FL 33805	≡ Remove
			□ Change
MGR	GERALD BURDINE	9930 STEVEN DR	■ Add
		POLK CITY, FL 33868	□ Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
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ffective date, if other than the dan effective date is listed, the date must be	ate of filing:	2020	(optional)	
an effective date is listed, the date must bote: If the date inserted in this bloc	e specific and cannot be k does not meet the a	prior to date of filir pplicable statutor	ig or more than 90 days v filing requirements	after filing.) Pursuant to 6 t, this date will not be li	05.0207 isted as
ocument's effective date on the Dep	artment of State's rec	ords.			
record specifies a delayed effective is filed.	late, but not an effect	ive time, at 12:01	a.m. on the earlier of	of: (b) The 90th day af	iter the
OCTOBER 12	2020	<u> </u>			
october 12	. 2020	·			
OCTOBER 12 Billie Br	gnature of a member or	authorized represe	ntative of a member		