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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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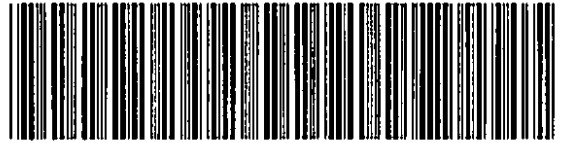
(Business Entity Name)

(Document Number)

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19 DEC 26 AM 8:32  
U.S. DEPARTMENT OF COMMERCE  
OFFICE OF SECRETARY

JAN 28 2014  
C. M. M. M. R.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOME REMODELING AND REPAIRS, 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:

SCOTT BUTTS  
Name of Person  
HOME REMODELING AND REPAIRS, LLC.  
Firm/Company  
465 E. SOUTH ST # 4  
Address  
ORLANDO, FL 32801  
City/State and Zip Code  
EMAIL @ SCOTTBUTTS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT BUTTS at ( 321 ) 239-8509  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

19 DEC 25 AM 8:32

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HOME REMODELING AND REPAIRS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

19 DEC 26 AM 8:32  
FILED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF ORANGE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JULY 1, 2018 and assigned Florida document number L18000161726.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

REMODELING AND REPAIRS, LLC.

The new name must be distinguishable and contain the words "Limited Liability 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)

465 E. SOUTH ST  
UNIT 4  
ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

465 E. SOUTH ST  
UNIT 4  
ORLANDO, FL 32801

**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:**

Name of New Registered Agent:

SCOTT PUTTS

New Registered Office Address:

465 E. SOUTH ST UNIT 4

Enter Florida street address

ORLANDO

City

Florida

32801

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>MAX ROSENBLUM</u>	<u>356 S. OSCEOLA AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 5</u>	<input type="checkbox"/> Remove
		<u>ORLANDO, FL 32801</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>DAVID J. KALINA</u>	<u>4707 ARROW RD</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL 32801</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated Nov 19, 2019.

Signature of a member or authorized representative

SCOTT BUTTS

**Filing Fee: \$25.00**