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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2022

MICHAEL P. PHILLIPS 3313 ROBINHOOD ROAD TALLAHASSEE, FL 32312

SUBJECT: REPOSSESSION ASSESSMENT AND MANAGEMENT SERVICES.

LLC

Ref. Number: L18000238968

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

P21000047226 - REPAIR & MAINTENANCE SERVICES, INC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 422A00000401

COVER LETTER

Tallahassee, FL 32314

то:	Registration Se Division of Cor			·		
SHD ILA		SION ASSESSMENT AND A	AANAGEMENT SERVICES, LLC	•		
SUBJE	SUBJECT:Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		MICHAEL P. PHILLIPS				
			Name of Person			
		REPOSSESSION ASSESS	SMENT AND MANAGEMENT SI	ERVICES, LLC		
			Firm/Company			
		3313 ROBINHOOD ROA	D			
			Address			
		TALLAHASSEE, FL 3231	2			
			City/State and Zip Code			
		MICHAEL@RAMSADVA				
		E-mail address: ()	to be used for future annual report noti	fication)		
For furth	er information co	oncerning this matter, please co	all:			
міснаі	EL PHILLIPS		850 815-2767			
	Name of	Person		e Telephone Number		
Enclosed	l is a check for th	e 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	-	Street Address:			
	Registration S Division of Co		Registration Sec Division of Cor			
	P.O. Box 632'		The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REPOSSESSION ASSESSMENT AND MANAGEMENT SERVICES, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny <u>as it now appears on our records.</u>) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000238968}{L18000238968}$	were filed on OCTTOBER 9, 2018 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
REPAIR AND MAINTENANCE SERVICES, LLC Of Nor	th Florida LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3313 ROBINHOOD ROAD			
(Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE, FL 32312			
Enter new mailing address, if applicable:	P.O. BOX 180175			
(Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSEE, FL 32318			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	27. J			
	Enter Florida street address			
<u></u>	Florida N			
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code Sign Code Si			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my dutics, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
If Chai	nging 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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			Remove
			☐ Change
			☐ Change
			□Remove
			Change
			□ Add
			□Remove
			∏Change

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