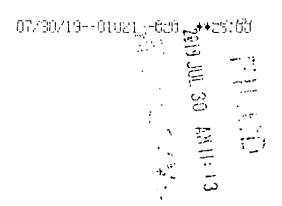
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COVER LETTER

Division of Corp			
SUBJECT:	Vour St C	hoice Home R	epairs LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Michael	J. Powell	
		Name of Person	
		Firm/Company	
	3448 A	Spoolmill Ro	(
	Vernon, Fo	2 32462 City/State and Zip Code	
	/12@johnso	on agency nuf-C to be used for future annual report noti	Om Acation)
For further information co	ncerning this matter, please ca	all:	
Michael	J. Powell	at (<u>057</u>) 737	- 3000
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)

TO:

Registration Section

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

Your 1st Ch	roice l	tome	Repair	5 LL		
(Name of the Limited Liability (A Florida L	Company as it r imited Liability (iow appears of Company)	our records.)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 180002513</u>	mpany were fi Je le	led on(O)	125/2018	and a	issigned	i
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ed liability cor	npany here:				
The new name must be distinguishable and contain the words "Limite	ed Liability Comp	oany," the desig	nation "LLC" or the a	abbreviation '	L.L.C."	
Enter new principal offices address, if applicable:				·		
(Principal office address MUST BE A STREET ADDRE	<u></u>					
						
Enter new mailing address, if applicable:				p-s-	,	
(Mailing address MAY BE A POST OFFICE BOX)	· 			711	<u></u>	
					== == 	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		dress on o	ır records, <u>ente</u> i	r the nam	30 e of th	ie ni
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:						
		Enter Florida	street address			
·	Cin	,	, Florida _	Zip Coa		
New Registered Agent's Signature, if changing Registered.	-			<i>1347</i> 2000		
I hereby accept the appointment as registered agent an		et in this car	acity. I further as	gree to cor	noly wi	ith th

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mGR	Michele L Melvir	3448 A Spoolmill Rd	🗆 Add
		Vernon, FL 32462	Remove
			Change
mGR	Ponald Davenport	3448 A SpwlmillRd	🗆 Add
		Vernon, FL 32462	Remove
			☐ Change
mGR	Michael J Powell	3448 A Spoolmill Road	Add
		Vernon, FL 32462	□ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			_□ Remove
			_□ Change

E CE o o	tive date, if other than the date of filing: (optional)
(If an e <u>Note:</u>	Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	July 19 . 2019
	Signature of a popper or superiord representative of a member
	Company of a should arrive authorized approximation of a second or
	Signature of a member or authorized representative of a member Michael J. Powell

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Filing Fee: \$25.00