# 118000260385

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   |   |  |
|--|---|---|--|
| SUBJECT:                                 | LAWN MA   | NTEMPINE AND ited Liability Company                                       | Hime Pepair LLC  |
|  |   |   |  |
| The enclosed Articles of A               | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please return all correspon              | dence concerning this matter                    | to the following:   |  |
|  | Eric  | Name of Person  |  |
|  |   |   | o Home Repaids LLC   |
|  | 7771 Nimite                                     | Address   | ٤  |
|  | LAKE WORT                                       | H FLOVLÓR TO COITY/State and Zip Code                                     | 58467  |
|  | Exicted E-mail address: (                       | H F CVLOR  City/State and Zip Code  5 5683                                | c. Com   |
| For further information co               | ncerning this matter, please ca                 | all:  |  |
| Erric Fi.                                | Person  | at Gole Dayti   | ne Telephone Number  |
| Enclosed is a check for the              | e following amount:                             |   |  |
| ☑ \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(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

FIF LAWN MAINTENANCE AND Home REPAIRLLE
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_i(|| 12 || 2018\_\_ and assigned Florida document number 14000740385 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Marcia Auro Fields Name of New Registered Agent: 7771 NORTHER USB De.
Enter Florida street address New Registered Office Address: 10 North Florida 33467

#### 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 = Au    | thorized Member  |   |                        |
|--------------|------------------|---|------------------------|
| <u>Title</u> | <u>Name</u>      | Address                                     | Type of Action         |
| (MODEL       | Eric Figures     | 1771 Navitage 451<br>Lake Vonth, PL 33467   |                        |
|              |                  | Lake Vonty, PL 33407                        | <b>K</b> Remove        |
|              |                  |   | Change                 |
| AMBR         | Marcin A. Fields | 1777 Nonthtree Club<br>Laha Want, Fl. 33/16 | DriAdd                 |
|              |                  | Laha W.nort, Fl. 33/16                      | Remove                 |
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|                              |   |                              |  |
| ite: If the date inserted in | nan the date of filing: date must be specific and cannot be prior this block does not meet the applion the Department of State's record | icable statutory filing requ | (optional)<br>n 90 days after filing.) Pursuant to 605.0<br>frements, this date will not be listed |
| record specifies a d         | lelayed effective date, but n<br>he record is filed.  |                              |  |
| The 90th day after t         |   |                              |  |
| The 90th day after t         | 18 LIA FICIAL  Signature of a member or aut  ACIA FICIAL  Typed or price  | <u> </u>                     |  |

Page 3 of 3

Filing Fee: \$25.00