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TAN LANDSCOTT CONTRACTOR

019 MAR 13 Ari 10:

COVER LETTER

TO: Registration Section **Division of Corporations** NGK Total Home Services LLC SUBJECT: 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: Nick Krpowich Name of Person NGK Total Home Services LLC Firm/Company 3461 Lucerne Ter Address Port Charlotte FL 33952 City/State and Zip Code ngtkths@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: nick Karpowich 563-7516 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$30.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

RECEIVED MAR 0 4 2019

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF O	RGANIZATION
NGK Total Home Services LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LISOXO 27446</u>	were filed on 02/21/2019 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:
The new name must be distinguishable and contain the words "Limited Liabil	in Company "the Laboration of LC" as the abboundaries of LC"
	3461 Lucerne Ter
Enter new principal offices address, if applicable:	Port Charlotte, FL 33952
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	PO BOX 511028
(Mailing address MAY BE A POST OFFICE BOX)	Punta Gorda, FL 33951
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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E Effort	02/22/2019
if an ef	ive date, if other than the date of filing: (optional) fective 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 (3
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
docun	nent's effective date on the Department of State's records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(D) INE	90th day after the record is filed.
	7177/2016
Dated	2011.
	Signature of a member of authorized representative of a member
	Nick Karpowich

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00