# L19 0000 252 38

(Re	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(Ci	ity/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
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### **COVER LETTER**

TO:	Registration Se Division of Cor			
	T&d home	repair services LLC	* *	
SUBJ	ECT: ½		ited Liability Company	<del> </del>
		Name of Lim	nted Liability Company	10
				60
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Antonio Dibacco L		
			Name of Person	<del></del>
		T&d home repair services		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1106 Massachusetts Aven	uc	
			Address	
		Lynn haven fl 32444		
			City/State and Zip Code	<del></del>
		Tonedibacco@gmail.com		
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
Antor	nio Dibacco		850 8963424 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■ \$</b> 2	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:

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

# TO ARTICLES OF ORGANIZATION **OF**

T&d home repair services LLC

(Name of the Limit	(A Florida Limited Liability Company)	'O (1)
The Articles of Organization for this Limited Lia Florida document number 1.19000025238	ability Company were filed on 1/24/2019	and assigned.
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	
B. If amending the registered agent and/or the new registered off	or registered office address on our records, <u>en</u> <u>fice address here</u> :	ter the name of the ne
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
	Enter Florida street address Florida	

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

# or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Antonio Dibacco	1106 Massachusetts Avenue Lynn haven fl 32444	<b>.</b> Add
			Remove
		<del></del>	□ Change
			Add
			Remove
			☐ Change
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			Change
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	<del> </del>		
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			Change

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E Efford	ive date, if other than the date of filing: 10/18/2019 (optional)
	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 (3)(b)
Note:	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.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	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.
(0)	, John day after the record is filed.
Dated	10/18 2019
	Callas
	Signature of a member or authorized representative of a member
	Antonio DiBacco
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00