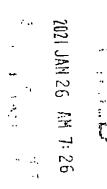
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COVER LETTER

Division of Corporations	
SUBJECT: KERR ROOFING & HOME REPAIRS LLC 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:	
Name of Person	
KERR 200FING & HOME REPAIRS	
5718 NW 17th COURT	
LAUSERHILL FL. 33313 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DESMOND WERR at (954) 594-4343 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on __OT lol Florida document number L1900170874 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KERR REMOVATIONS & HOME REPAIRS LLC.

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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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:

or removed i	from our records:				
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	2021 JAN 26 AM 7: 26	Type of Action	
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ffective date, if other than the date of an effective date is listed, the date must be specifote: If the date inserted in this block does ocument's effective date on the Department	filing: (optional) fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is not meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
record specifies a delayed effective date, b l is filed.	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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$\kappa \sigma$	e of a member or authorized representative of a member