119000 253778

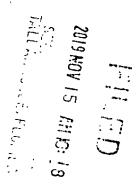
(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



800336621908

11/15/19--01012--014 **30.00



Y SULKER 050 1 1 2019

COVER LETTER

TO: Registration Section Division of Corpo		•	
SURJECT:	tex Contract	tina LLC	
Sobsect.	Name of Limited I	Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitte	ed for filing.	
Please return all correspond	lence concerning this matter to th	e following:	
	Elian D.	Ferran dez.	
		Firm/Company	
	<u> 3076 Ponce</u>	de Leon Rd. Address	
	Kissinmee	FL 34746 ity/State and Zip Code	
	ver tex home.	vencir II Coam used for future annual report notificati	ail, com
For further information con-	cerning this matter, please call:		
Elian D.	Fernandez	at (740) 637-9 Area Code Daytime Tel	995
Name of P	erson	Area Code Daytime Tel	lephone Number
Enclosed is a check for the	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)

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

Vertex Contraction (Name of the Limited Liability Compa	ny st it now anneary on our records)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19(00253778}{}$.	were filed on $\frac{10/8/19}{}$ 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:
Vertex Home Repair LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5076 Ponce de Leon Rd
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee FL 34746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	, Florida
	Car Zin Coae

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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Elian D. Fernandez	50 71, Ponce de Leon Ru	<u>J</u> B LAdd
		Kissimmee FL 3474	□ Remove
			Change
MGR	Brizeida Huff	5076 Ponce de Leon Rd.	Add
		Kissimmel, FL 34746	Remove
			☑ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
	<u> </u>		□ Add
	i		□ Remove
			□ Change
			🗅 Add
			Remove
	I		☐ Change

						
						
						
			<u> </u>			
-						
						
			<u> </u>	<u> </u>		
				· · · · · ·		
!						
·			<u>. </u>			
		 ·				
			<u> </u>			
						
						
an effective date is l ote: If the date in	other than the date isted, the date must be s serted in this block d re date on the Depart	pecific and cannot be loss not meet the ar	prior to date of filing	or more than 90 day	(optional) rs after filing.) Pursuant ts, this date will not b	to 605.02 be listed
	ies a delayed off	ective date, but	: not an effecti	ve time, at 12	:01 a.m. on the	earlier
record specif The 90th day	after the record i	is med.				
ine Suth day	after the record i					
ited	Te (Managed entremental signal of the signal					

Page 3 of 3

Filing Fee: \$25.00