L19000286804

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2021 APR 19 PH 2: 37
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COVER LETTER

TO:

Tallahassee, FL 32314

	on Section f Corporations	
SUBJECT:	BRADENTON HOME	REPAIR LLC.
	Name of I	Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are:	submitted for filing.
Please return all cor	rrespondence concerning this mat	ter to the following:
	ALAN	1 S CHANEY
	<u> </u>	Name of Person
	PORT (Firm/Company S S
		Firm/Company
2026		55 KINDERKEMAC AVE 55
		Address
	PORT	Firm/Company 55 KINDERKEMAC AVE Address CHARLOTTE, FL 33952 City/State and Zip Code
		,
	ALC,	HANEY & HOTMAIL. COM ss: (to be used for future annual report notification)
For further informa	tion concerning this matter, pleas	
ALAN	S CHANEY	at (941) 799 - 9487 Area Code Daytime Telephone Number
N	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
★ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address: Powietration Section
_	tion Section of Corporations	Registration Section Division of Corporations
P.O. Box	x 6327	The Centre of Tallahassee
Tallahas	see, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BRADENTON HOME				
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on $11/18/2019$ and assigned			
Florida document number <u>L19000z\$6504</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
PORT CHARLOTTE HOME	REPAIR LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	- 20 see			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OF FICE BOX)				
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter the name of the new regist</u> e			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, FloridaZip Code			
	City Zip Code			

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ective date, if other than the date of filing:	(option:	al)	
ective date. If other than the date of fing: effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after fili of filing requirements, this days	ng.) Pursuant t ate will not b	to 605,020 c listed a
cument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	a.m. on the earlier of: (b)	The 90th day	after the
red 4-17, 2021.			
(11/2) / //			
	ntative of a member		

Typed or printed name of signee