## 120000068973

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<u> </u>
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(Do	ocument Number)	
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor				
SUBJECT: COO	tal Estate M Name of Lim	Mintenace and ited Liability Company	d Repair LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Bebehah I	Hensley Name of Person	<del></del>	
		Firm/Company		
	110 Colina	C\ C\ C\ Address		
	Papama Ci	City State and Zip Code	a:413	
	T+7bekahya E-mail address: (i	to be used for future annual report notifi	calion)	176. 176. 176.
For further information c	concerning this matter, please co	all:	2	
Rebetah t	Herson Herson	at ( <u>\$50</u> ) <u>704 - 9</u> Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:		_	in.
□ \$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 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	tengel of P any as it now appears on our records.) Liability Company)	epoille
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000 of 973</u> .  This amendment is submitted to amend the following:	were filed on 3121206	and assigned
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liab	nce and Rep	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Pangma City F1 32413	Beach
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Panama Citi	Beach
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>.                                    </u>
	Florid	
	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, 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>	<u>Address</u>	Type of Action
<u>Sec</u>	Beberrah Herryey	MapalFront Beach Rd	🗆 Add
		Panama City Beach	<b>Æ</b> Remove
		F1 32413	□Change
MGR	Soreph Turner	Molean Front Beach Ro	□Add
		Panama City Beach	<b>∑</b> Remove
		FI 3a413	□Change
MGR	Rebellah Hendey	110 Wing Cir	<b>X</b> Add
	~	Panama City Beach	∑_ □Remove
		FI 32413	□Change
Ambr Joseph Turner	Joseph Turner	110 Coling Cil	<b>%</b> Add
		Panama City Bead	□Remove
		FI 32413	🗆 Change
+ <del></del>			□Add
			Remove
			□Add
			□Remove
			☐Change

	<del></del>
(If an el <u>Note:</u>	tive date, if other than the date of filing:
f the recorecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	5/21/2020
	Robelson, Henalus Signature of a member or authorized representative of a member
	Robelson, Henalus  Rebekan Henalus  Typed or printed name of signee

Filing Fee: \$25.00