(Requestor's Name)		
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ct: <u>Mo</u> r	UZOS Home Name of Lim	REPAIR L.L. (uited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of A	amendment and fec(s) are sub	emitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		FRANK	Monzo Name of Person	,
		MONZOS	Home Repair L.	L. C
		9327 GETT	45BURGRd.	
		BOCA RATON	City/State and Zip Code	<i>i</i>
		Morv205Hom E-mail address: (nEREPAIN @ GMAIL to be used for future annual report	notification)
For furth	ner information co	ncerning this matter, please ca	all:	
FRA	Name of	Person	at (561) 94: Area Code Day	5 - 6 6 8 9 /time Telephone Number
Enclosed	l is a check for the	following amount:		
□ \$2 5.	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 Se		Street Address Registration	
	Division of Co		Division of	

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

MONZOS HOME LEP	An LLC	_	
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	124/20	and assigned
Florida document numberL20000175967			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
			202
			292) OCT
Enter new mailing address, if applicable:			<u></u> i
(Mailing address MAY BE A POST OFFICE BOX)			
			~ ~~!!!~~~`` 2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the name (</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	a street address	
	-	, Florida	
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frank Monzo	9327 Germsburg Rd.	□ Add
		BOCARATINE & 33434	©Remove
			Change
PRESIDENT) 2/MEMBER-	Frank Monzo	9327 GETTYSBURG Rd.	©Ádd
(MAN AGEN)	BOCA RATIN A 33434	□Remove	
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

	
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m efi ote:	(optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
recor is fi	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 eled.
ıted	OCTOBER 7th, 2020.
	Signature of a member of authorized representative of a member
	The state of the s