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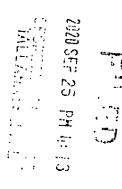
(Requesto	r's Name)
(Address)	
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PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies (Certificates of Status
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D. BRUCE NOV 01 2020

COVER LETTER

	tion Section of Corporations	
SUBJECT: Mon	ndy General Home Repair, LLC	
	Name of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
	orrespondence concerning this matter to the following:	
	Lovandieu Laurore	
	Name of Person	
	N/A	
	Firm Company	
	805 South Kirkman Rd, Ste 204-B	
•	Address	
	Orlando, Florida 34711	2020 SEP
	City/State and Zip Code Lovandieu@yahoo.com	F 25
٠.	E-mail address: (to be used for future annual report notification)	
For further informs	ation concerning this matter, please call:	TD
Lovandieu Lauroro	707 5400505	
N	Vame of Person Area Code Daytime Telephone Number	
Enclosed is a check	c for the following amount:	
■ \$25.00 Filing F	Fee S30.00 Filing Fee & S 55.00 Filing Fee & S 60.00 Filing Fee & Certificate of Status Certified Copy Certified Copy Certified C	of Status &
	tion Section Registration Section	
P.O. Box	of Corporations Corporations Division of Corporations The Centre of Tallahassee	
Tallahass	see, FL 32314 2415 N. Monroe Street Street	'1

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

mpany as it now appears on our	records.)
	and assigned
liability company here:	
· 	
iability Company," the designation	"LLC" or the abbreviation "L.L.C."
N/A	
2 N/A	17.020
N/A	SE 17.
	 √1
N/A	<u> </u>
N/A	
N/A	
e address on our records, <u>e</u>	nter the name of the new regist
Euter Florida strom a	vldrees
Enter Floridu street a	_, Florida NA
	liability company here: liability Company," the designation N/A N/A N/A N/A N/A N/A N/A N/

N

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
AMBR	MONDY JEAN PIERRE	5817 Laconia Rd, Orlando, FL 32808	≡ Add
MGR	MONDY JEAN PIERRE		TChange
		5817 Laconia Rd, Orlando, FL 32808	■Remove
			Change
			
			□Remove
			2020 S
			Remove 7
			-Change
			□Remove
			GChange
			□ Add
			□Remove
			□ Change

- Towns of the state of the sta	erre's title as MGR to AMBR.			
				
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Fective date, if other than the date must be an effective date is listed, the date must be ote: If the date inserted in this block becament's effective date on the Dep	e specific and cannot be prior to date of does not meet the applicable star	(op filling or more than 90 days at utory filling requirements, (nt to 605,020 be listed a
ecord specifies a delayed effective of is filed.	ate, but not an effective time, at 13	2:01 a.m. on the earlier of:	(b) The 90th d	ay after the
September 21	2020			
Made	Jean Pile	! \$\$ Q >		
Si	mature of a member or authorized ren	resentative of a member		
