K21000239760

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO:

Registration Section

Division of Corporations							
	SQUIRES HOME REPAIR LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		JARED E SQUIRES					
	Name of Person						
		SQUIRES HOME REPAIR LLC					
		Firm/Company					
		2191 LAKEPOINTE CIRCLE					
	Address						
	LEESBURG, FL 34748						
			City/State and Zip Code				
		squireshr@yahoo.com E-mail address: (to be used for future annual report not	itication)			
For further is	nformation co	oncerning this matter, please ca					
JARED E SQUIRES		870 404-4909 at ()					
	Name of	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a	s check for th	c following amount:					
■ \$25,00 I	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 Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SQUIKES HOME REPAIR LLC	A Linkilin Com	i.		
(Name of the Limite	(A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited Li Florida document number 1.21000238760	ability Company	were filed on 8/19/2022	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company "the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applications		2191 LAKEPOINTE CIRCLE		
(Principal office address MUST BE A STREET ADDRESS)		LEESBURG, FL 34748		
Enter new mailing address, if applicable:		2191 LAKEPOINTE CIRCLE		
(Mailing address MAY BE A POST OFFICE I	<u>ΒΟΧ)</u>	LEESBURG, FL 34748		
		-		
B. If amending the registered agent and/or re agent and/or the new registered office addres		address on our records, enter the na		
Name of New Registered Agent: JARED E SQU		IRES	2022 AU SECR TAI	
New Registered Office Address:	2191 LAKEPOINTE CIRCLE		LAHASS	
	LEESBURG	Enter Florida street address	ASSET 33	
	LEESBURG	Florida : 	34748 ET C	
New Registered Agent's Signature, if changing B	tegistered Agent:		LUE J	

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
MGR	JARED E SQUIRES	2191 LAKEPOINTE CIRCLE	
		LEESBURG, FL 34748	
			□Add
		w.r	□Remove
			□ Change
			□Add
			🗆 Remove
			□ Change
			🗆 Add
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 8/19/2022 (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated __ Signature of a member of authorized representative of a member JARED E SQUIRES

Typed or printed name of signee