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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for fully annual report mailings. Enter only one email address please.

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A.O.K HOME MAINTENANCE LLC

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## ARTICLES OF AMENDMENT \* TO ARTICLES OF ORGANIZATION OF

A.O.K HOME MAINTENANCE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned \_\_\_\_\_\_ and assigned Florida document number L21000366285 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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	HANS A SALEWSKI	686 E MAIN ST	
		BRONSON, FL 32621	∑iRemove
AMBR	Andreas A Salewski	686 E MAIN ST	<b>X</b> ¹Add
		BRONSON, FL 32621	<b>7</b> 11
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he record speci ord is filed.	ifies a delayed effective	date, but not an eff	ective time, at 1	2:01 a.m. on th	e earlier of: (b)	The 90th day after	er the
Dated Septer	nber 12	. 202	2 .				
		Signature of a membe	Potte-				
		Signature of a membe	r or authorized rep	oresentative of a i	nember		

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