## L21000421260

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>e #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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ALLAHASSEE, FLORIDA

21 OCT -4 PM 1:32

## **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: REL Home Remade ing & Ho	andy man Services LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	
Russell Kame of F	Dalk Person
Ral Homeremodeling & Hen	dyman Services LLC.
5849 Foxfieldt	<u> 400                                  </u>
Fallahasseefl	32504 Zip Code
Pussell37 Clarke	Gmail, Com ure annual report notification)
Ear further information concerning this matter, please call:	
Rame of Person at (8) Area	SO) 999-9037 Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 F  Certificate of Status Certifie (additional)	

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

Street Address: 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

(Name of the Limited Liability Const. (A Florida Limited	c # Harcly Man many as it now appears on ou ed Liability Company)		<u>s LL</u>	C	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LA10004A1A60</u> .	iny were filed on $9-6$	27-20\$1	and a:	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ion "LLC" or the ab	breviation "	L.L.C."	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SEC.	2021 DCT -	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	ls, <u>enter the nan</u>	ne of the n	PHreg	istered
Name of New Registered Agent:		<u> </u>			_ 6
New Registered Office Address:	Enter Florida str	reet address	<u>.</u>		
	City	, Florida	Zip Coe	h	

## 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>	Name	Address	Type of Action
AMBR	Randali Calhuus	5849 foxfield Trace	ZAdd
		Tallahassee FL 32504	□Remove
MGR	Clayton Hosey	P.O. bex 977 Blantson	□Change FL 31314 <u>In</u> Inadd
			□Remove
			🗆 Change
<del></del>			□Add
			Remove
			□Change
			□Add
			Remove
			□Change □Add
			□Change
			□Remove
			□Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the recor cord is fil	d 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 ed.
Dated	Signature of a member or authorized representative of a member
	RUSSell L Clark  Typed or printed name of signer