## K21000433408

(Requestor's Name)				
(Address)				
(Addı	ress)			
(City/	State/Zip/Phone			
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PICK-UP	☐ WAIT	MAIL		
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Fi	iling Officer			
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Facility Re	epairs, LLC		:	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Dalirey Williams			
	Facility Repairs, LLC	Name of Person		
	7860 W Commercial Dr #	Firm/Company 761		
	Lauderhill, FL 33351	Address		
	facilityrepairs1@gmail.com			
	E-mail address: (	to be used for future annual report no	tification)	
For further information of Dalirey Williams	oncerning this matter, please ca	all: 305 967-3657		
Name of Person		at () Area Code Daytii	at () Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration 5 Division of C	Section orporations	Street Address: Registration So Division of Co	prporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street. Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Facility Repairs, 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 Florida document number \_\_\_\_\_\_1.21000433408 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_. Florida \_\_\_\_

## 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.

Citv

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>	<u>Address</u>	Type of Action
1.	KELEN, ANGEL	7860 W COMMERCIAL BLVD #761	
			□ Add
		LAUDERHILL, FL 33351	
			Remove
			70
MGR	ANGEL KELEN	7860 W COMMERCIAL BLVD #761	□ Change
ANCHEL KELEN	A.SCHLI IXIJUAS	7007 O CAMMINATAL DIN 12 # 701	<b>=</b> Add
		LAUDERHILL, FL 33351	
			□Remove
			□Change
			<b>7</b>
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