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T. MATTHEWS JUL 21 2022

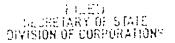
COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC	T: ServiceTe	echPros.com LLC		· .
		Name of Lim	ited Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all corresp	oondence concerning this matter	to the following:	
		Richard B. Mullin		
			Name of Person	
		ServiceTechPros.com LLC	<u>, </u>	
			Firm/Company	
		3709 NE 15th Pl		
			Address	
		Cape Coral,FL 33909		
			City/State and Zip Code	
		Rich@servicetechpros.com	to be used for future annual report no	difference \
For furth	er information	concerning this matter, please c	·	micatony
Richard	Mullin		at (508) 789-0845_	
	Name	of Person		me Telephone Number
Enclosed	is a check for	the following amount:		
≘ \$25.0	00 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 Addro Registration		Street Address: Registration S	ection
	Division of	Corporations	Division of Co	orporations
	P.O. Box 63	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ServiceTechPros.com LLC

22 MAY 20 AM 11: 44

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Compar	ny were filed on 11/11/202	1 and assigned
lorida document number <u>L21000494234</u>		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	 	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic	ce address on our records,	enter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	ı address
		, Florida
	City	Zip Code
lew Registered Agent's Signature, if changing Registered Agen	nt:	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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	Richard B. Mullin	3709 NE 15th PL	■Add
		Cape Coral, FL 33909	□Remove
			□Change
MGR	Richard B. Mullin	3709 NE 15th Pl	
		Cape Coral, FL 33909	■Remove
			□Change
			□Add
			□Remove
			Remove
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Effective date, if other that fan effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does no	ot meet the appli	cable statutory fi	(op r more than 90 days aff ling requirements, t	t ional) er filing.) Pursuant to 60 nis date will not be lit	05.020° sted as
record specifies a delayed ef d is filed.	fective date, but i	not an effective	time, at 12:01 a.r	n. on the earlier of:	(b) The 90th day aft	ter the
				ive of a member		