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SECRETARY OF STATE

A. BUTLER MAR 2 2 2022

## **COVER LETTER**

TO:

Registration Section

Division of Cor	•				
Mission Es SUBJECT:	sential Home Restoration Serv				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	William M Busby				
	Name of Person				
	Mission Essential Home Restoration Service				
	Firm/Company				
	5119 Suwannee Dr				
	<del></del>	Address			
	New Port Richey, Florida	34689			
		City/State and Zip Code	<del></del>		
	Sourcespirit@yahoo.com  E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	•			
William Busby		727 459-6025			
Name of Person			ne Telephone Number		
. mine v	. , , , , , , , , , , , , , , , , , , ,	. itel code 174yan	receptante i vanisse		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee		☐ \$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		Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

FILED

Mission Essential Home Restoration Service

(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 Comp	any were filed on $\frac{F_0}{2}$	ebruary 2 2029 ATTA SSEE, fahd assigne	rd
Florida document number L22000085709			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	iability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the c	designation "L.L.C" or the abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ce address on our i	records, enter the name of the new res	gistered
agent and/or the new registered office address here:			
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zip Code	
	City	Zip Coxte	
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compi			

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>	<u>Address</u>	Type of Action
Mgr	Monica C Busby	5119 Suwannee dr	□Add
		New Port Richey, Florida 34689	<b> </b>
			□Change
Mgr Skyler T Evans	Skyler T Evans	1219 E Lemon St	□Add
		Tarpon Springs, Florida 34689	<b>∡</b> Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
		<del> </del>	□Change
		<del></del>	
			□Remove
			□Change
			□Remove
			□Change