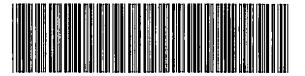
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Registration Section
Division of Corporations

Quality Home Repairs LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Dustin J Ortiz** Name of Person Quality Home Repairs LLC Firm/Company 1911 York Ct. Address Fort Pierce Fl, 34982 City/State and Zip Code 2dustinortiz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Dustin Ortiz** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 15 AM 11:59

Quality Home Repairs LLC (Name of the Limited Liability Company as it now appears on our records) - 1/3/11 1/3/5 Since (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 31, 2022 and assigned Florida document number L22000155617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: We Care Home Repair LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv

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
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does no	of meet the applic	cable statutory fi	r more than 90 days	optional) after filing.) Pursua , this date will no	unt to 605.0207 (. of be listed as th
record specifies a delayed effi d is filed.	ective date, but r	not an effective t	ime, at 12:01 a.:	m. on the earlier o	f: (b) The 90th	day after the
June 8		2022				
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Visto	Signature of	f a member or auth	orized representa	tive of a member		

Filing Fee: \$25.00