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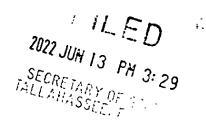
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: B&B HOME SERVICES AND REPAIR, LLC 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:
Demetrius Richardson Name of Person  R&B Home Repair & Maintenance, LLC Firm/Company
2348 Mitchell Place,
Jackson ville FL 32207  City/State and Zip Code  Truist of Quail, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Blount at 904, 994- 4183  Name of Person Area Code Daysime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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



R&B Home Services and Repair, LCC
(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 <u>May 17,2022</u> and assigned Florida document number <u>L22000230899</u>
Torrea document mander
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  REPAIR & MAINTEN ANCE, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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:
Name of New Registered Agent:
agent and/or the new registered office address here:
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address
Name of New Registered Agent:  New Registered Office Address:
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address

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
MGR	Demetrius Rich	Jackson 2348 MHtchell FL 32	20.7
		<del></del>	□Remove
			□Change
AMBR	Joseph Blount	2348 Mitchell PL Jacksonville, FL 322	XAdd
			□Remove
			□ Change
MGR Joseph	Joseph Blount	Jackson VIVE, FL	□Add 32207
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(If an effective of Note: If the	te, if other than the date of filing:
he record spec ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	une 06 . 2022.
_	Signature of a member or authorized representative of a member
	1,26,201 21 1101
	Typed or printed name of signee

Filing Fee: \$25.00