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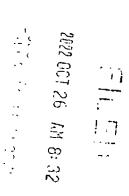
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A. RIVERS
JAN 1 9 2023



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT. KIC	Home Repairs, 40	,	
SUBJECT:	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
rease return an correspe	macrice evincerning was maner	to the tomornia.	
	Edwa	ard Kis	
		Name of Person	
	KIS Home	CAAIT, LLC	
Division of Corporations SUBJECT: KS Home Rehits LL 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: Edward KS			
	1100 84	ske DR. APT 10	
		Address	
	Lantona, P	EL 33462	
		City/State and Zip Code	
	OTF HOMESE	RVICES@GMAIL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Foward K	<i>"</i> 5	561 385-6	670
	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
X \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	<u>s:</u>	· · · · · · · · · · · · · · · · · · ·	
•		The state of the s	
	-		-
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIS HOME REPAIRS, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2200382/52</u> .	were filed on & Angust 30th, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Oh The Fly Home Services, LLC The new name must be distinguishable and contain the words "Limited Liability".	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	M/A
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address 2 6
New Registered Agent's Signature, if changing Registered Agent:	City Florida Zip Code

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>	<u>Name</u>	Address	Type of Action
	——————————————————————————————————————		□ Add
		<i>1</i>	□Remove
	'///		Change
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			Change
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			Remove

	M/A
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fan effecti <u>Note:</u> If t	date, if other than the date of filing: October 20 ¹¹ , 3033 (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
d is filed.	pecifies 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	10/31/33 Ellen [[3]
	Signature of a member or authorized representative of a member
	Typed or printed name of signee