<u>-</u>	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Samuel Face Name)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



200398929532 LLC Ameno 1-20-23

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2022 DE

COVER LETTER

TO: Registration Se Division of Cor			
MY HOME	REPAIR LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	James	Missildine Name of Person	
	with sauce	Firm/Company	=
	184 NE W	Address	
	Od town E-mail address. ()	City/State and Zip Code City/State and Zip Code City/State and Zip Code	fication)
For further information c	oncerning this matter, please co		
Ni	f Person	at () Area Code Daytim	a Talankana Masakan
Name o	r rerson	Area Code Dayum	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	' /	The Centre of T	lahanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEU

2022 DEC 20 AM 8: 22

(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on 🔨 🔏 '	and assig	gned
Florida document number _22000479748.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designatio	n "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)		<u>, </u>	
Island dates mat be a rost of ree box			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records,	enter the name of the new	<u>registered</u>
Name Danist and Office Address			
New Registered Office Address:	Enter Florida stree	address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dul provided for in Chapter	ies, and I am familiar with 605, F.S. Or, if this docun	and nent is

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>	Address	Type of Action
MGR	BETTY MISSILDINE	124 NE 612 ST OLD TOWN FL 32680	= Add
			□Remove
		 	
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
		□Add	
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ote:	ive date, if other than the date of filing:
l is fi	
ated	James Missillia. James Missillia. Typed or printed name of signee

Filing Fee: \$25.00