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A BUTELT

JAN 11 2023

## **COVER LETTER**

TO:		stration Sect sion of Corpo						
418 (85 4814		My home rep	air, Ilc					
SUBJEC	CI: ,	, <u>-</u>		Name of Lim	nited Liability Con	npany	<del></del>	
The encl	losed	Articles of A	mendmen	and fee(s) are sub	omitted for filing	<b>3</b> .		
Please re	eturn	all correspond	lence con	cerning this matter	to the following	g:		
			James r	nissildine				
					Name of	Person		
			My hon	ne repair lle				
					Firm/Cor	npany		
			124 NE	612st				
					Addre	ess		
			Old tow	m, Fl 32680				
			Myhome	repairllc@gmail.c	City/State and	Zip Code		
						ure annual report no	tification)	
For furth	her in	formation con	icerning t	bis matter, please c	all:			
					at (	)		
		Name of I	erson		Area	Code Dayti	me Telephone Number	
Enclose	d is a	check for the	following	amount:				
□ <b>\$</b> 25	6.00 F	iling Fee		D Filing Fee & ificate of Status	S55.00 F Certifie (additions	-	Certified C	of Status &
	Reg Div P.O	ling Address: pistration So ision of Co b. Box 6327 lahassec, FI	ection rporatio	ns		Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oc Street, Suite 81	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My home repair, llc (Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/08/22 Florida document number L22000 79748 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST RE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A PO\$T 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: Betty missildine Name of New Registered Agent: 124 NE 612st New Registered Office Address: Enter Florida street address

## 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.

City

Old town

	g Authorized Person( <u>from our records</u> :	(s) authorized to m	anage, <u>enter the title, name, and addi</u>	ess of each person being adde
MGR = M				
Title	<u>Name</u>		Address	Type of Action
Ambr	James missildine		124 NE 612st	<b>=</b> Add
Mona	- mo-fl-1 5	m	Old town fl 32680	Remove
				DChange
Mgr	Betty missildine		124 NE 612st	27 Add
AP -	Treasure a	t m	Old town fl 32680	∃Remove
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	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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Tective date is listed, the date in this lift the date inserted in this	he date of filing:
iled.	nive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
1-11- 2023	
Jame M	Signature of a member or authorized representative of a member
James Missildine	
	tive date, if other than to Tective date is listed, the date in this ment's effective date on the ord specifies a delayed effectived.

Filing Fee: \$25.00