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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

**Registration Section** 

TO:

Div	ision of Corp	oorations						
	Dependable	Home Repair, LLC						
SUBJECT:		Name of Limi	ted Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are subt	nitted for filing.					
Please return	all correspor	ndence concerning this matter t	o the following:					
		James A Bass Jr						
			Name of Person				2023 JAN 19	
		,	Firm/Company			AHASS	19 A	
		PO Box 173205	Address				AH 8: 36	
		Tampa, FL 33672				;—; 3 °; , ≈:	36	
			City/State and Zip Code	:		_		
		Jamesabassjr@gmail.com	to be used for future annua	Leanner natitionti	00)			
For further i	nformation ce	e-man address: () oncerning this matter, please of		терия пописан	Oii į			
James A Ba		,		25-6147				
	Name of	l'Person	at () Area Code	Daytime Tel	ephone Numbe	г		
Enclosed is	a check for th	ne following amount:						
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is er		S60.00 F Certifice Certifiee (additional	ite of Sta I Copy	tus &	
Re	ailing Addres		Regist	Address: ration Sectio on of Corpor				
P.	O. Box 632	.7	The C	entre of Talk	ahassee	910		
Tr	llahassee l	FL 32314	2415 î	<ol> <li>Monroe St</li> </ol>	irect, Suite (	810		

Tallahassee, FL 32303

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## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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 Changing Registered Agent, Signature of New Registered Agent

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TI amending Authorized rerson(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
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		,	□Remove
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Effective date, if other fan effective date is listed Note: If the date insert document's effective date	ed in this block does	s not meet the appl	icable statutory ii	r more than 90 days ling requirements	optional) after filing.) Pu s, this date wil	rsuant to 60 not be 16	05.020 sted as
record specifies a dela d is filed.	yed effective date, b	ut not an effective	time, at 12:01 a.i	n, on the earlier o	of: (b) The 90	)th day af	ìer the
January 19		2023	·				
Dated	_		~				
Dated		Jues a Bro	<del>}</del>		<u></u>		