L23000003552

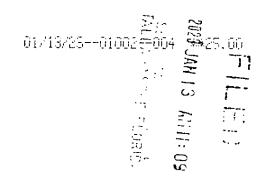
	(Requestor's Name)			
,·	(Address)			
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	(City/State/Zip/Phone #)			
PICK-UF	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
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r at Instructions	to Filing Officer.			
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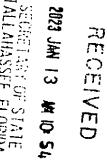
Office Use Only

A. RIVERS
JAN 1 3 2023



200398335442





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Breezy Home Restorat	tions LLC
Name of Limited Lie	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Matthew Bro	Name of Person
Breezy Home	Restorations LLC
2347 Cannolot	blvd Address
Port Charlotte	Florida 33948 /State and Zip Code
	torations a gmail. Com sed for future annual report notification)
For further information concerning this matter, please call:	
	at (951) 805 - 1555 Area Code Davine Telephone Number
Name of Person	Area Code Dayunte reiephone Number
Enclosed is a check for the following amount:	
★ \$25.00 Filing Fee	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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

Breezy Home Restorate (Name of the Limited Liability Company) (A Florida Limited Liability)	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2300003552</u> .	010012000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
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 adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	20 ZO
New Registered Office Address:	Enter Florida street address (3)
	City SZip Code
New Registered Agent's Signature, if changing Registered Agent:	맞는 공기 수 있다.

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>	Name	<u>Address</u>	Type of Action
<u>AMBR</u>	Matthew Brown	2347 Cannolot blvd	[X]Add
		Port Charlotte FL 33948	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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			□ Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated January 11th 2023
Signature of a member or suithorized representative of a member
Matthew Brown Typed or printed name of signee