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COVER LETTER

TO:

	Registration Sec Division of Cor			
cum iec	All Forit Ho	ome Repair LLC		
SUBJEC'	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		ZenBusiness INC		
			Firm/Company	1
		336 E. College Ave Suite :	301	;
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	om to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please of		,
	Business INC		844 493-6249 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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)
	<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	etion
]	Division of C	orporations	Division of Corp	porations
	P.O. Box 632 Fallahassee, I		The Centre of T 2415 N. Monro	allahassee c Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Forit Home Repair LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
he Articles of Organization for this Limited Liability Company were filed on 01/	and assigned
lorida document number L23000026401	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company he	<u>re</u> :
ne new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	·
inter new mailing address, if applicable:	
Tuning mantass MITI DD TIT OUT OUT TOOL DOTS	- 7
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida street address
	, Florida Zin Code
Cin	7in Code

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

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
AMBR	Tammy Marie Forit	4556 Gulf Ave	■Add
		North Fort Myers, FL 33903	□Remove
			□ Change
			□Remove
			□ Change
			□ Remove
			Change
			.`. □Add
			Remove
			□ Change
			Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change

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		<u> </u>
fective date, if other than the in effective date is listed, the date must be inserted in this blocument's effective date on the D	ock does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed as
record specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after the
	2023	
January 26th		
ated	Christopher John Forit	

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