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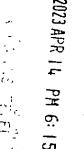
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S. FRANCIN JUN - 5 2023

COVER LETTER

	Registration Se Division of Cor			
CUD IF C		ome Repair LLC		
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclo	osed 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	
		336 E. College Ave Suite 3	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	om to be used for future annual report not	tication)
For furthe	er information co	oncerning this matter, please ca		,
c/o Zenł	Business INC		844 493-6249 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Forit Home Repair LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/12/2023 and assigned Florida document number 1.23000026401 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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>	<u>Address</u>	Type of Action
AMBR	Christopher John Forit	4556 Gulf Avenue	
		North Fort Myers, FL 33903-4663	□Remove
			■ Change
		North Fort Myers, FL 33903-4663	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
-		
Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing:	07 (3) as the
e record specifies a delayed effect rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	e
Dated April 11th	2023	
	/s/ Christopher John Forit	
	Signature of a member or authorized representative of a member	
Christopher John Fori		
	Typed or printed name of signee	