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COVER LETTER

TO: Registration Section Division of Corporations	٠.
SUBJECT: MUY: 116 Home Repairs and STUCK Name of Limited Liability Company	2024.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	JAN -8 ARIHEN ON OF CO
Please return all correspondence concerning this matter to the following:	### = ## = ## = ## = ## = ## = ## = ##
OSMani Murillo Name of Person	AM II: LL OF STAL REOKATION
Murillo Home Repairs and STU	incy CLC
239 Desuto St Address	
Daytona Beach FL 32116 City/State and Zip Code	1
E-mail address: (to be used for future annual report notification)	com
For further information concerning this matter, please call:	
O Swani Wuvillo at 386 402-1299 Name of Person Area Code Daytime Telephone Nu	unber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & ified Copy tional copy is enclosed)
No. 111 Addition to	

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

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PRINCH OF SIGIL DIVISION OF CORPORATION TALLAHASSEE, FLORID	AM II:	Ċ
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Murillo Home Repairs and sturrelle
(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
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 "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 address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
City Zip 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 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 **Address** Title Type of Action Name Osmani Murillo 239 Desito St Wadd correct cust name Daytona Beach FL 32114 | Remove □ Change □Add □ cbange □ Remove □Remove □ Change □Add Remove ☐ Change □Add □ Remove _ □Change

Filing Fee: \$25.00

Typed or printed name of signee