## 1336667356C

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2023 HAR 21 PH 2: ||

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## **COVER LETTER**

TO: Registration S Division of Co			
	OOD HOME REPAIR LLC		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MELVIN W JOHNSON S	R	
		Name of Person	
	GOOD GOOD HOME RE	PAIR LLC	
		Firm/Company	
	3817 NARROW WAY		
		Address	<del></del>
	VALRICO, FL 33594		
		City/State and Zip Code	
	BASSBIG1956@YAHOO.		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
MELVIN JOHNSON		813 481-3854 at ()	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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 radditional copy is enclosed)
Mailing Addr		<u>Street Address:</u> Registration Sc	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 63	327	The Centre of	
Tallahassee	. FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AND... TO ARTICLES OF ORGANIZATION OF 2023 MAR 21 PH 2: 1

GOOD GOOD 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 March 21, 2023	and assigned
Florida document number 1.23000073560		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.f.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	41.2	
B. If amending the registered agent and/or register		name of the new register
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
New registered Office Address.	Enter Florida street address	
	, Floric	la
	City	laZip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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>	Address	Type of Action
AMBR	JANICE JOHNSON-COLSON	11492 WHITEHOUSE ROAD	□Add
		TALLAHASSEE, FL 32317	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
		□Add	
		□Remove	
			□ Change
			□Add
			□Remove
			∏Change
			□Add
			□Remove
			□ Change

CO	RRECT AMBR ADDRESS, ZIP CODE IS WRONG, SHOULD BE 33594	
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ctive	date, if other than the date of filing: (optional)	
<u>e:</u> If i	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	
iment	's effective date on the Department of State's records.	
o tradic	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	tier the
filed		ter the
ed	·	
(	Januar & Alana Cular	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00