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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: MENDEZ	HOME REPAIRING, L	I C	
11,151,7,57 155	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Corpor	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	
	-	Firm/Company	~
	1	450 Vassar St	
		Address	,
		Reno, NV 89502	نيه ر
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	all:	
Processi	ng Department	at (800 ) 638-2320	
Name of	Person		: Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	S30.00 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)
Registra	NG ADDRESS: tion Section of Corporations	STREET/COURI Registration Section Division of Corpor	n

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENDEZ HOME		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/08/23	_ and assigned
Florida document number L23000122611		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	360 Quail Forest Blvd Apt 509	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34105	. 3 . 3
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Enter new mailing address, if applicable:	360 Quail Forest Blvd Apt 509	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34105	· · · · · · · · · · · · · · · · · · ·
		<del></del>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ne name of the
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
MGR_	Jeronimo Mendez	360 Quail Forest Blvd Apt 509	
		Naples, FL 34105	Remove
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			Remove
			Change
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ffective date, if other than the dan effective date is listed, the date must ote: If the date inserted in this block occument's effective date on the Dep	be specific and cannot be ck does not meet the a	e prior to date of filing ( applicable stanitory f	or more than 90 days after iling requirements, this	61im - \ D
e record specifies a delayed The 90th day after the reco	effective date, burd is filed.	ut not an effectiv	e time, at 12:01 a	.m. on the earlier o
ated August 1, 2023				
	Vidro	1		
	11/1 NT			

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Typed or printed name of signee

Filing Fee: \$25.00