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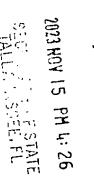
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	-iling Officer;	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co	Section orporations			••	
OCD Hon SUBJECT:	ie Repair LLC				
SOMECT.	Name of Lir	nited Liability Company			
	f Amendment and fee(s) are subondence concerning this matter				
	Barbara Marks				
		Name of Person			
	OCD Home Repair LLC				
		Firm√Company			
	2469 Rim Dr				
		Address			
	Spring Hill, FL 34609				
		City/State and Zip Code			
	E-mail address:	(to be used for future annual report not	ification)	2023 350	
For further information of	concerning this matter, please c	all:		AE .	=(
Barbara Marks Down	bara Marko	352 835-1020		2023 HOV 15	; T.
Name o	of Person	Area Code Daytin	ne Telephone Number	PH 4:	े । !.स ^१ ९०३
Enclosed is a check for t	he following amount:			: 26 FATE	
★1 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

OCD Home Repair LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on March 20, 2023	and assigned
Florida document number 1.230001411039		
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 L	iability 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	0	
		
	· ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		- 21 - S
		73.
 If amending the registered agent and/or registered offi gent and/or the new registered office address here: 	ce address on our records, enter the nar	ne of the new register
gent and/or the new registered office address here:		<u> </u>
Normac Nime De Care de A		PC P
Name of New Registered Agent:		
New Registered Office Address:		F <u>₹</u> : 2
	Enter Florida street address	t-1
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steven Marks	2469 Rim Dr Spring Hill, FL 34609	≣Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			202 Change
			PHANCE 26ge
			□Add
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11.
STATE
(optional) _(optional) _uys after filing.) Pursuant to 605.0207
nts, this date will not be listed as t
er of: (b) The 90th day after the
•

Filing Fee: \$25.00