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(Red	questor's Name)	
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AUG 04 2015 S. YOUNG

COVER LETTER

41

	istration Sect ision of Corpo					
CUD IFOT.	Double A Im	provements, LLC				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	I Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Ned Unroe				
			Name of Person			
			Firm/Company			
		3056 Carlsbad Court				
			Address			
		Oviedo, FL 32765			T 5	
		doubleaimprovements@gm			馬力	FILE
	•	E-mail address: (to be used for future annual report notificat	tion)	13.00	
For further i	nformation cor	ncerning this matter, please ca	all:			<u> </u>
Ned Unroe			321 9786562 at ()			
	Name of I	Person	Area Code Daytime Te	elephone Number		
Enclosed is	a check for the	following amount:				
≅ \$25.00 i	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Double A Improvements, LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number L15000054895	March 27, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company," Enter new principal offices address, if applicable:	the designation "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS	
·	77 22 37
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	w m
-	
3. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Ente	r Florida street address
	, Florida
City	Zin 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
VP	Austin Unroe	3056 Carlsbad Court, Oviedo, FL 3 2765	Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add — Add
			Remove Change
·			□ Add
			Remove
			Change
			Remove
			☐ Change

Effective date, if other than the date of filing: (aptional) (fan effective 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 605.020' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as			_
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The 90th day after the record is filed. Dated 7/31 2015. Signature of a member or authorized representative of a member	Effective date, if other than the date of filing:	ional) r filing.) Pursuant to 60 is date will not be lis	5.0207 ted as
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Signature of a member or authorized representative of a member	7/21	-11	
	Dated $\frac{1}{3}$, $\frac{3}{3}$.	11n 2	
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Ned Unroe	Signature of a member or authorized representative of a member	- ् ्	
	Ned Unroe	1 2	\Box

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Filing Fee: \$25.00