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## **COVER LETTER**

	Registration Sec Division of Corp				
eup iec		er Contractors LLC			
SUBJECT: Name of Limited Liability Company					
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspor	ndence concerning this matter	to the following:		
		mark weaver			
		<del></del>	Name of Person	<del></del>	
		<del></del>	Firm/Company		
		2344 flamingo way			
		<del></del>	Address	<u></u>	
		winter park, FL 32792			
			City/State and Zip Code	······································	
		markweavercontractors@ou			
		E-mail address: (	to be used for future annual report notific	cation)	
For furthe	er information co	oncerning this matter, please ca	all:		
mark we	aver		407 462-0873		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	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 (additional copy is enclosed)	

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**

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Ann	SSEE ESTATE

M.N. Weaver Contractors LLC

(A Florida	a Limited Liability Company)	"ASSEE. FLORIDA
The Articles of Organization for this Limited Liability Co	Company were filed on 09/16/2016	and assigned
Florida document number L16000173535	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Pro-Jack Remodeling LLC		
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del>(1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1</del>	
B. If amending the registered agent and/or regist		enter the name of the n
registered agent and/or the new registered office addi	ress nere:	
N CN D to 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da Zip Code

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

or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2016 NOV 14 PM 2: 44 <u>Title</u> <u>Name</u> Address **Type of Action** SECRETARY OF STATE TALLAHASSEE, FLORIDA □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

The sphone number 407-462-0873  FILED  2016 Noy 14, Ph. 2- 44  FALL ANASSEE, FILORIES  FREctive date, if other than the date of filing:  an 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 date if the date must be specific and cannot be prior to filing or more than 90 days after filing.) Pursuant to 605.020 date if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a boument's effective date on the Department of State's records.  The 90th day after the record is filed.  November 10  2016  Signature of a member or authorized representative of a member  Mark Weaver		FILEN
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Page 3 of 3

Filing Fee: \$25.00