L03000044819

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COVER LETTER

SUBJECT:		e Improvements, LLC		
SUBJECT:		Name of Limit	ed Liability Company	,
The enclosed	d Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please return	ı all correspo	ndence concerning this matter to	the following:	
		John Clenney		
			Name of Person	
		John's Home Improvements.	LLC	
			Firm/Company	
		315 Bret Drive		
			Address	
		DeFuniak Springs, FL 3243.	3	
		liz@johnsonagencynwf.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notific	ration)
For further i	nformation co	oncerning this matter, please cal	l:	
John Clenney 850 865-0924 at ()				
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	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

TO:

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

John's Home Improvements, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our recordited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{\text{L03000044819}}{\text{L03000044819}}$.	any were filed on 11/17/2003	and assigned
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 I	.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	ù	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ing address MAY BE A POST OFFICE BOX)	
		22 5
		D# 12
B. If amending the registered agent and/or registered		s, enter the name of the
registered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, F	lorida
	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

MGR John Q. Clenney, Jr. 315 Bret Drive Remove Add	<u>Title</u>	<u>Name</u>	Address	Type of Action
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