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TALLAHASSEE, FLORID

COVER LETTER

Division of Corporations
SUBJECT: JBEF HOME IMPROVEMENTS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SETTREY S. BUTLER Name of Person
JBEF HOME IMPROVENENTS, LLC Firm/Company
6435 GUILFORD DR
FAUSACOLA FL. 32504
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SOFREY 5, BUTLER at (850) 292-5026 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

JBEF HOME IMPROV	EMBUTS, LLC
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LD4000070684</u> .	pany were filed on $9/29/2004$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited BUTLER HOMES L The new name must be distinguishable and contain the words "Limited"	Liability company here: Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6435 GUILFORD DR.
(Principal office address MUST BE A STREET ADDRESS	S) FENSACOLA PL 32504
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	A AHASSEI
New Registered Office Address:	Enter Florida street address
	OR S
 -	City Florida 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, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	Name / i /	Address	Type of Action
			Add
	/		☐ Remove
			☐ Change
 			Add
			Remove
			☐ Change

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