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D SCOTT

JUN - 8 2019

COVER LETTER

Division of Corporations	
SUBJECT: Property Renovative	ns and Construction, LLC
Name of Limited Liab	ility Company
The enclosed Articles of Amendment and fee(s) are submitted for	,
Please return all correspondence concerning this matter to the fo	llowing:
Tracey Golds	ame of Person
Property lenn	atus and Construction
2500 S Harba	x Cety Blvd Address
Melborne, A	<u>C 32-90 </u> tate and Zip Code
E-mail address: (to be used	or fla CO W
For further information concerning this matter, please call:	
Trucey Goldster	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
(Certificate of Status C	Scortified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section Division of Corporations

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Property Perrovations and Construction us (A Florida Limited Liability Company as it now appears on our records.)

(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	 ompany were filed on	and assigned
Florida document number <u>L05000 4339</u>	1	
This amendment is submitted to amend the following:		
A If amonding name antouthe name of the limit	led linkilitu oomnany kara	~ >
A. If amending name, enter the new name of the limit	ed nabiney company nere:	
The new name must be distinguishable and contain the words "Limit	led Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		į
(Principal office address MUST BE A STREET ADDRI		-
(Trincipul office undress most BL A STREET ADDRI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning undersonal BLATOST OFFICE BOA		.=
		 -
B. If amending the registered agent and/or registe	 ered office address on our records,	enter the name of the new
registered agent and/or the new registered office addre	ess here:	· -
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	i đa Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and ent as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of 2	New Registered Agent

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Pres	Randall B. Haire	2500 S Harbor City Bl	<u>vd</u> □ Add
		2500 S Harbor CityBl Melbovine, Fl 32901	Remove
			Change
MGR	Randall B. Haire	2500 S. Harbor City & Melborne, Fr 30501	olve Add
		Melborne, FC 30501	☐ Remove
			□ Change
AMBR	Kimberly Haire	DSDO S Harbor Cety B Melburne, Fi 32901	walsa
	1	Melbure, Fl 32901	Remove
			□ Change
			Add
			□ Remove
			Change
			DAdd
			Remove
			Change
			Remove
			☐ 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:

II amen	ding any other information, ente	er change(s) here. [.sin	aen auamonai sneets, ņ	necessury.	
					
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lf an effect <u>Note:</u> - If	e date, if other than the date of factive date is listed, the date must be specific the date inserted in this block does not seffective date on the Department	c and cannot be prior to date on the cannot meet the applicable sta	of filing or more than 90 days	optional) s after filing.) Pursuant to o s. this date will not be l	605.0207 isted as
	rd specifies a delayed effectiv Oth day after the record is fil		ffective time, at 12:	01 a.m. on the ea	rlier of
Dated	5/17/2019	_,			
	Potrie	of a member or authorized re			
	Randall B	of a member or authorized re	presentative of a member		
	Randali B	-Haure	of signee		
		Typed or printed name	of signee		

Filing Fee: \$25.00