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(City/State/Zip/Phone #)	02/25/0801015		
(Business Entity Name)			
(Document Number)			
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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Home Improvement Specialties 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:
William Bruce. (Name of Person)
Home Improvement Specialtie PSE & T
10339 Angler CT SS 2
Orlando FL 32825 BT ?
For further information concerning this matter, please call:
William Bruce at (407) 722 2177 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified Copy} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$

MAILING ADDRESS:

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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

Home Improvem		ties. LLC	
	ability Company as it now apported a Limited Liability Company		
The Articles of Organization for this Limited Liabi	ility Company were filed on 1	D-13-0	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of the Construction of the new name must be distinguishable and end with the "L.L.C."	action LL	C	'LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office	_	TALERARY OUR records, EAHASSE	the name of the new
Name of New Registered Agent:		E. FLO	D M
New Registered Office Address:		(Enter Florida d'Feet a	ddress)
_		, Florida _	
	(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 608, 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)

MGR = Manager MGRM = Managing Member <u>Addres</u>s Type of Action Title <u>Name</u> MGRM Donald Kenith Bruce X Add Remove Angles Add Remove Add Remove П Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) range address and Company Name Angler Ct FL 32825 2 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

or Managing Member being added or removed from our records:

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Filing Fee: \$25.00