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D. BRUCE

JAN 15 2013

EXAM

## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC		ch Home Improvement	s, LLC	
•	, Name of Lim	nited Liability Company		
The encl	osed Articles of Amendment and fee(s) are su	ubmitted for filing.		
Please re	turn all correspondence concerning this matte	er to the following:		
		Bryan E. Hembree		
		Name of Person		
		Firm/Company		
		380 Dawn Lane		
		Address		
	Ma	ary Esther, Florida 32569		
		City/State and Zip Code		
		top-notch@cox.net		
	E-mail address:	(to be used for future annual report no	tification)	<b>A</b> 8 =
For furth	er information concerning this matter, please	call:		E L
	Bryan E. Hembree	at ( 850 )	803-0000	N I
	Name of Person		ime Telephone Number	AN IL PH ETARY OF HASSEE, FI
Enclosed	is a check for the following amount:			D STATE LORID
\$25.0	0 Filing Fee \$\bigcup \square \\$30.00 Filing Fee \$\&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &

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

Membree's Top-Notch members to the Limited Liability Compa	any as it now appears on our records.) Liability Company)	_ <del></del>
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on <u>January 09, 200</u>	06 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Hembree's Top-Notch Pro		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation	"LECCO THE Obbreviation
Enter new principal offices address, if applicable:	380 Dawn Lane	AZA AZ
(Principal office address MUST BE A STREET ADDRESS)	Mary Esther, Florida 32569	RY P IT
Enter new mailing address, if applicable:	380 Dawn Lane	D: 25 STATE LORIDA
(Mailing address MAY BE A POST OFFICE BOX)	Mary Esther, Florida 32569	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  Name of New Registered Agent:		r the name of the new
New Registered Office Address:		
	Enter Florida street a	address
	, 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

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:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u> .	Name	Address	Type of Action
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	Sary.) AN I L
			PH 12: 25  OF STATE FLORIDA
  Dated	December 9, 20	209	<del></del>
<del></del>	Bura	Lembre	
	Signature of a Hember	or authorized representative of a member	<del>-</del>

Page 2 of 2

Filing Fee: \$25.00