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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone#	F)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Metropolitan Condominium & Home Improvement Contractor, LLC				
SOBULCI.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		James A. Wood			
			Name of Person		
	Metropolitan Condominium & Home Improvement Contractor, LLC				
Firm/Company					
525 2nd Street N					
Metropolitan Condominium & Home Improvement Contractor, LLC Firm/Company					
St Petersburg, FL 33701					
			City/State and Zip Code		
		•			
	•	E-mail address: (to be used for future annual report notif	ication)	
For further in	nformation co	ncerning this matter, please ca	all:		
James A Wo	ood		727 709 0611		
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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Registration Section

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

FILED

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Metropolitan Condominium & Home Improvement Contractor, LLC

SECRETARY OF STATE TALLAMASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on _	March 27, 2007	and assigned
Florida document number L07000032364			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
Metropolitan Condominium & Home, LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," the	e designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
B. If amending the registered agent and/or reg		on our records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered office ad	<u>ldress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	complete performance agent as provided for in	of my duties, and I am fa i Chapter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

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:

AMBR = A	Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Remove
				Change
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		Remove		
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		٠		Remove
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				Add
				Remove
				□ Change

	Existing to be shortened: Metropolitan Condominium & Home Improvement Contractor, LLC
	New name: Metropolitan Condominium & Home, LLC
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	- <u></u>
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lf an Not	effective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the graph of the second is filed.
Date	ed 11/13/0015/1/.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00