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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: VAUSE'S HOME IMPROVEMENTS, L, LC.  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:    Mark C Vause   Name of Person   Name of Per
Mark C Vause Person R S S S
VAUSE'S HOME IMPROVEMENTS, LLC.
9057 Old Chemonie Rd
Tallahassee FL 32309 City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Mayle C Vause at (850) 545 96 47  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
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

VAUSE'S HOHE	IMPROVEHENTS, LLC.			
(Name of the Limited	Liability Company as it now appears on our record Florida Limited Liability Company)			
,	04/12/20	• 🕜		
The Articles of Organization for this Limited Li	ability Company were filed on 05/01/20	and assigned		
Florida document number <u>L070000 3</u>	9489			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company here:	O9 ALI		
-				
	h the words "Limited Liability Company," the design	ation J.DC" or the abbreviation		
"L.L.C."				
Enter new principal offices address, if applica	able:			
( <u>Principal office address MUST BE A STREE</u>	T ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u></u>			
B. If amending the registered agent and/o	or registered office address on our records,	enter the name of the new		
registered agent and/or the new registered of	fice address here:			
	11 1/ 0 1/2.20			
Name of New Registered Agent:	Mark C. Vause			
New Registered Office Address:	9057 old Chemonie			
	Enter Florida street address			
	Tallahassee Flor	ida <u>32309</u>		
	City	Zip Code		
New Registered Agent's Signature, if changing R	degistered 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. Thereby 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 = Man MGRM = M	ager anaging Member		,
<u>Title</u>	Name	Address	Type of Action
MGR	Robert D Vause	9057 Old Chemonie Rd Talla hassee, FL 32309	Add Remove
HGR	Rohn M Vause	gos7 old Chemonie Pd Talla hassee, FL 3220	_XAdd 9□ Remove
		<u> </u>	Add
<u>MGRM</u>	Mark c Vause	9057 Old Chemonie Tallahassee, FL 32309	Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	E(s) here: (Attach additional sheets, if necessary)	NOV - L AH II: 05
Dated <u>N</u>	Zhonda Sva	OSC. or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00