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SECRETARY OF SIALE
DIVISION OF COMPORATION

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COVER LETTER ,

TO:		ion Section of Corporations	
eun	Huel	aby Home Improvement LEC	
SUB	JEC1:	Name of Limited Liability Company	
The c	melosed Artic	les of Amendment and fee(s) are submitted for filing.	
Pleas	e return all co	rrespondence concerning this matter to the following:	
		Mason Huckaby	
		Name of Person	
		Huckaby Home Improvement	
		Firm/Company	
		745 Lovewood Road	
		Address	
		Graceville, FL 32440	
		City/State and Zip Code	
		masonhuckaby24@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For fi	urther inform	nion concerning this matter, please call:	
Maso	on Huckaby	850 557-9727	
		at () Same of Person Area Code Daytime Telephone Number	
Enelo	osed is a chec	s for the following amount:	
■ \$	25.00 Filing	Fee Solutional copy is enclosed See Solutional copy is enclosed. Solutional 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

Huckaby Home Improvement, LLC

(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 31 2008 and assigned Florida document number L08000032509

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address MUST BE A POST OFFICE BOX)

30 OF ROLL OF RECEIVED

And assigned Toward Agent:

Name of New Registered Agent:

New Registered Office Address:

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 605, 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Curtis Johnson	5139 Peanut Road	Add
		Graceville, FL 32440	■ Remove
			Change
AMBR	Nikolas Odom	745 Lovewood Road	
		Graceville, FL 32440	■ Remove
			□ Change
AMBR	Matthew Turner	3376 Bonnet Pond Road	B Add
		Chipley, FL 32428	☐ Remove
			Change
AMBR	Tracie Downs	745 Lovewood Road	■ Add
		Graceville, FL 32425	□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change

					
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	her than the date of ted, the date must be spe- erted in this block doo date on the Departmo	eific and cannot be prior es not meet the applic	r to date of filing or me table statutory filing	ire than 90 days after fi	ling.) Pursuant to 605.0.
the record specific) The 90th day a	es a delayed effec fter the record is	tive date, but no filed.	ot an effective ti	me, at 12:01 a.	m. on the earlier
Dated July 10		2018			
20	7/	γ^{-}			

Page 3 of 3

Filing Fee: \$25.00