# 108000106742

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)	·.		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ві	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
·	`			
·				

Office Use Only



400137984634

11/20/08--01015--007 \*\*25.00

OR NOV 20 AN II: 35
SECRETARY OF STATE
TALLAHASSEE FLOOR

D. BRUCE

NOV 2 1 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations

#### SUBJECT: COMPLETE HOME IMPROVEMENT SERVICES 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:

-1.0 14.12.

	Randali McKle		
		(Name of Person)	<del></del>
		(Firm/Company)	
	10161 45 Way S		<b>08</b>
		(Address)	NOV :
	Boynton Beach FL 3343	6-4264	20 87 ( RY (
		(City/State and Zip Code)	THE SECTION OF THE S
For further information c	oncerning this matter, please c	all:	II: 35 TATE ORIDA
Randall McKie		at ( 561 ) 704-2094	
(Name of Person) (Area Code & Daytime		Telephone Number)	
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & 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

### COMPLETE HOME IMPROVEMENT SERVICES 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 November 17, 2008 and assigned Florida document number L08000106742 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10161 45 Way S Enter new principal offices address, if applicable: Boynton Beach FL 33436-4264 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street 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 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.

(City)

(Zip Code)

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 = Manager MGRM = Managing Member

<u>Title</u>	Name .	Address	Type of Action
MGR	Taylor I. Robert	645 Bunting Drive Delray Be	each FL 33444
MRG	Robert I. Taylor	645 Bunting Drive Delray Be	each FL 33444
	ı,		Add Remove
			Add Remove
<del></del>	•		Add Remove
	<u></u>		<b>=</b> n
D. If amend	ing any other informatio	n, enter change(s) here: (Attach additional sho	eets, if necessary.)
			FILED  08 NOV 20 MIII: 3  FILED  SECRETARY OF STATE  LLAMASSEE, FLORIDA
Dated Noven	nber 18		เกี
	Randal	1 M CKi	
	Signa	ture of a member or authorized representative of a n	nember
	Randall N	AcKie Todaya (a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00