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(Re	equestor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	= #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
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MAY 0 1 2017 S. YOUNG



COVER LETTER

TO: Registration So Division of Co			*	
SUBJECT:	Name of Limi	ush + Remodelle ted Liability Company	6	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	- Delana Linea Ca	Name of Person		
	JULIANO CI	Firm/Company	IN TAKE	
	15305 B	Address		701
		City/State and Zip Code	<u> </u>	ECRETARY OF STATE LUAHASSEE FLORIDA TAPR 28 PHII: 15
For further information of	concerning this matter, please ca	o be used for f ut ure annual report notif ll:	ication	HIII.
RVHARD Name o	UCLAND of Person	at (<u>Z57</u>) 77 Area Code Daytime	2 — Ce 400 e Telephone Number	S S
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	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

Sometice and others	4 (FEMODELING			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>LO90000 927</u> /	were filed on JAN - 28 - 20	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	15305 BLACK B	URN RA		
(Principal office address MUST BE A STREET ADDRESS)	NAPLES FL 3411			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	TAPR 28 PHILIP		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	New Registered Office Address: Enter Florida street address			
	, Florida	7: 0.1-		
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** GREGORY MAGEN ☐ Remove ☐ Change AMBR JAMES ALLEN Add □ Remove ☐ Change □ Add ☐ Chaifge □ Add = ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove

_□ Change

t amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effec lote: If	tive date, if other than the date of filing:	
The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies oth day after the record is filed.	r of:
ated	april 25 2017	
	Signature of a member or authorized representative of a member CICIAND TULIAND Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00