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K. SALY EXAMINER DEC 5 2011

COVER LETTER

TO: Registration of Division of	n Section. Corporations			
SUBJECT: Total Plus Improvements , LLC				
		ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub-	omitted for filing.		
Please return all corr	respondence concerning this matter	to the following:		
		Misael Feliciano		
		Name of Person		
Total Plus Improvements, LLC				
Firm/Company				
6300 Greylynne St.				
Address				
	·	Orlando, FL 32807		
	City/State and Zip Code			
	ma:	sterbuilder01@live.com to be used for future annual report noti		
	E-mait address: (to be used for future annual report notif	fication)	
For further informati	on concerning this matter, please of	call:		
	Misael Feliciano	at (_407_)	592-2699	
Na	me of Person	Area Code & Daytin	ne Telephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fee	Sand 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Total Plus Improvements, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/03/2009 and assigned The Articles of Organization for this Limited Liability Company were filed on _____ L09000021253 Florida document number 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." 6300 Greylynn St. Enter new principal offices address, if applicable: Orlando, FL 32807 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 6300 Greylynn St. Orlando, FL 32807 (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: Misael Feliciano Name of New Registered Agent: 6300 Greylynn St. 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.

Orlando City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action MGRM** Mc Jerry Bello 4918 Dockside Drive Remove Orlando, FL 32822 Remove ☐ Add Remove ☐ Add Remove □Add Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 16 2011 Dated Signature of a member or authorized representative of a member Misael Feliciano Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00