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COVER LETTER

TO: Registration Division of C	Section						
•	irrico Brothers Home Improvements LLC						
Name of Limited Liability Company							
The enclosed Articles	of Amendment and fee(s) are submitted for filing.						
Please return all corre	spondence concerning this matter to the following:						
	·						
	Stephen A Carrico						
•	Stephen A Carrico Name of Person						
	Carrico Brothers Home Improvements LLC						
	3221 Las Brisas Dr ODYSPENOCHO CONTRA Address						
	Riverview, Fl 33578						
Riverview, F1 33578 City/State and Zip Code Stephen Carrico @ Ymail.com E-mail address: (to be used for future annual report notification)							
For further informatio	n concerning this matter, please call:						
Stephen A	at (813) 770 8333 e of Person at (813) 770 8333 Area Code & Daytime Telephone Number						
Enclosed is a check for	r the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

<u>Carrico Brothers</u>		<u>Improvements</u>	LLC		
(<u>Name of the Limited L</u> (A F	<u>iability Compan</u> Iorida Limited Li	<u>y as it now appears on ou</u> ability Company)	r records.)		
The Articles of Organization for this Limited Liab		were filed on <u>June</u>	11, 200°	and assig	ned
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of t	he limited liabil	lity company here:			
The new name must be distinguishable and end with L.L.C."	the words "Limite	ed Liability Company," the	designation "	LLC" or the ab	breviation
Enter new principal offices address, if applicat	ole:	3221 Las B	br1595 () _	
Principal office address MUST BE A STREET ADDRESS)		Rivernew F	335	7 8 5	
				OCT 22 RETARY AHASSEE	
Enter new mailing address, if applicable:	012	P.O. BOX 4	135	To A	
Mailing address MAY BE A POST OFFICE Bo	<u>)X)</u>	Riverview, FI	3356	O 3 A TE	
B. If amending the registered agent and/or egistered agent and/or the new registered office			ords, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Stephe	n Carrico			
New Registered Office Address:	3221 1	Las Brisas Dr		<u> </u>	· .
	^	Enter Flor	rida street add		_
	Kivernen	Oitv	_, Florida _	33578 Zip Code	3
Now Degistered Agent's Signature if changing De	nictored Agents	Сиу		zip Coae	

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.

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 = Manager

MGRM = Managing Member <u>Title</u> Name 1 **Address Type of Action** Trinity A Carrico MGRM Garden Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00