L09000117404

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to I	Filing Officer:					
	·					

Office Use Only



900210390389

07/27/11--01006--019 **30.00

11 JUL 27 PHI2: 23
SECRETARY OF STATE
AND SEC

B. BOSTICK

JUL 28 2011

EXAMINER

COVER LETTER

Division of Cor	porations				
SUBJECT: VAJ	COMERCIA! 40M	10 Improvement ited Liability Company	LLC		
	Tight of Emily	tou Diability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jose Use VAJ Cone	Name of Person CIA HOME IMPO	o vement	LLC.	
		Firm/Company			
	P.O BOX 22	Address (-			
	oals	OND O / Floaida 3 City/State and Zip Code	2830		
		City/State and Zip Code Rocket mail - Com to be used for future annual report notific		11 JUL SLUKE ALLAHI	*******
For further information c	oncerning this matter, please of	eall:		27	il Dames
,	Annoyo	at (407) 925 83 Area Code & Daytime	304	Phil2: 2	The state of the s
Name of	f Person	Area Code & Daytime	Telephone Number	ATE RIDA	
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	ed)

MAILING ADDRESS:

TO:

Registration Section,

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 ARTICLES OF ORGANIZATION

UD COMERCIA!	Home	IMPRO	UEM	en t	LLC.		
(Name of the Limited Liab (A Flori	ility Compar da Limited L	ny as it now liability Com	appears pany)	on our record	<u>(s.</u>)		
The Articles of Organization for this Limited Liabilit	y Company	were filed o	on <u>Dec</u>	MBER 10	2009 an	d assigned	
Florida document number <u>L09000 II 740</u>	<u>4</u> .				TAIL St	<u>-</u> :	
This amendment is submitted to amend the following					LAHASS		
A. If amending name, enter the new name of the l							
The new name must be distinguishable and end with the "L.L.C."	words "Limit	ted Liability	Company	," the designat	tion "Line" or	the abbreviati	on
Enter new principal offices address, if applicable:		6133	Me	Mowest	Blud	APT	-
(Principal office address MUST BE A STREET ADDRESS)		103	ORI	MOOO	, F/OR	DA	-
		3283	5		=		_
Enter new mailing address, if applicable:		P. 0	Вох	22601	I I I	= FE	-
(Mailing address MAY BE A POST OFFICE BOX)		3283	30		97. 17.	2 1	_
					ω ^ξ .	<u> </u>	_
B. If amending the registered agent and/or registered agent and/or the new registered office a			s on our	r records, <u>e</u>	LOR <mark>e The Than</mark>	ngof the ne	è w
Name of New Registered Agent:	Vicn	or A	nnoy	0			
New Registered Office Address:	5016	Millen	ربروز j Enter	B/v · 1 @	y ON/As et address	Do 3.25	35
	Ø.	Rlann				839	
		City	•	, Floric	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that he 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 Title <u>Name</u> **Address** Type of Action Jose A. Usquiano 3326 Robert then Jores Dr # 308 OCLANDO, FL MG ☐ Add **Remove** ☐ Add Remove ☐ Remove ∏ Add Remove ∐Add ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The ONLY REMINDER OWNER IS MA. VICTOR Dated 07. 22.11 Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00