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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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EXAMINER

COVER LETTER

SUBJECT: <u>Pennett Home Repairs LLC</u>
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:
Jon R. Pennett
Name of Person
(new name) Halifax Home Improvements, LLC
132 N. Beach St.
Address
Ormand Beach, FL 32174
City/State and Zip Code
1 pennettro live, com Fig. 7.
E-mail addless: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jon R. Pernett 386 290-0317
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\ \text{Solution}\$\$\ \text{Certificate of Status}\$\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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**

Pennett Home &	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900119962</u> .	y were filed on $12/17/09$ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	alifax Home Improvement
Halitax Home Improve	ment, LLC ited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	FALL SE
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ARY OF STATE SSEE FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code
New Pagistared Agent's Signature if shanging Degistered 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:

Title Name Address	Type of Action Add Remove
	
	Add Remove
	Add Remove
	Add ' Remove
	Add Remove
	Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if	
;s	SEEFFLORID
	<u> </u>
Dated February 21, 2012 On R Dametto	
Signature of a member or authorized representative of a member R. Pennett Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00