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Special Instructions to	Filing Officer:	
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COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE		"S REMODELING, LLC			
30.000		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub			
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		SCOTT A HALLETT			
			Name of Person		
			Firm/Company	16	
		1427 BLACKHAWK TR	•	JAN	-17
			Address		
		JACKSONVILLE, FL 32	2225	inige Too	CERS
	.*	amyntaylor@lincjax.com	City/State and Zip Code	3: 20 TATE 9:30,4	
		E-mail address: (to be used for future annual report notif		
For furtl	her information c	oncerning this matter, please c	all:		
SCOTT	A HALLETT		904 651-7061 at ()		
	Name o	f Person		Telephone Number	
Enclose	d 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURII Registration Section Division of Corpora	ι	

P.O. Box 6327 Tallahassee, FL 32314

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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALLETT'S REMODELING, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000035162</u>	were filed on 3/31/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
HALLETT'S PAINTING & CONSTRUCTION SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1427 BLACKHAWK TRAIL EA	ST ,
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32225	
		SE(
Enter new mailing address, if applicable:		N FILE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		····-
	Enter Florida street address	
	, Florid	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of fi	(optional)
If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not be l
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effe	ctive time, at 12:01 a.m. on the ea
e 90th day after the record is filed.	
James 1.th	
January 6th 2016	
variable 2016	
	-
Signature of a member or authorized repre.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00