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SECRETARY OF STATE DIVISION OF CORPORATION

N. Culfigan JUN _ 3 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sun Coast Howe Repows LLC 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:
Crea Mortin Name of Person
Sur Coast Home Repairs, LLC Firm/Company
16368 Heathrow Dr Address
Tampa F1 336477 City/State and Zip Code
SCHReamyse a way com- E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$55.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certificate of Status & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF SYALE DIVISION OF CORPORATIONS

Sin Coast t	tome Reports,	LL (1) JUN -2 PM 12: 24
(Name of the Limited Li (A Fl	ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabs		12 2010 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the Florida Residential Control of the new name must be distinguishable and end with the "L.L.C."	antractina LLC	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:		
	Enter Florida street address	
-	Cin	, Florida Zip Code
	City	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 **Title Name Address Type of Action** ☐ Add Remove □ Remove ☐ Add ☐ Remove ∏Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 20(\ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00