## L10000051666

,				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
L1-51666				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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10 JUL -6 AM 8: 31

SECRETARY OF STATE
SALAHASSEE, FLORID.

N. Outlinen "JUL - 7 20101



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2010

BRETT R. FRANKEL 6001 BROKEN SOUND PARKWAY SUITE 200 BOCA RATON, FL 33487

SUBJECT: FLORIDA HOME IMPROVEMENT SPECIALISTS, LLC

Ref. Number: L10000051666

We have received your document for FLORIDA HOME IMPROVEMENT SPECIALISTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only (1) person can serv as Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 810A00015782

## **COVER LETTER**

Division of Corporations				
SUBJECT: Florida Home Improvement Specialists, LLC Name of Limited Liability Company				
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:				
Brett-Ross Frankel  Name of Person				
Name of Person				
Florida Home Improvement Specialists LLC Firm/Company				
. This company				
6001 B-oken Sound Pluy, Ste- 266				
Address				
Boca Ratan / F.L. / 53487  City/State and Zip Code  bf-carlee (@gna.l.com  E-mail address: (to be used for future annual report notification)				
City/State and Zip Code				
bfranke (@gna.1.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bill H Ross Frankl at (561) 417-1118  Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}				

**MAILING ADDRESS:** 

**Registration Section** 

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

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FLORIDA HOME IMPROVE MENT SPECIALISTS, LUSECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records) LAHASSEE, FLORIDAT
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on _	5/13/2016	and assigned
Florida document number LI \$\$\$\$ 51 666		ī	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Cor	mpany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
			•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			W
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			<del>-</del>
Now Registered Office Address.		Enter Florida street add	Iress
		, Florida	
	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 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 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	I = Managing Member	,	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
<del>-</del>	<u> </u>	1	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If aı		nange(s) here: (Attach additional sheets, if no	
	Michael Gold-Pres	sident/secretary set Financial Officer	
	Stephen Rohde-Ch	met Financial Officer	
	Kevin Walton - 1	lice President	
	Randall Young -	Assistant Vice Pre	sident
			<u></u>
Dated _	July 2	2 cata	F1L 10 JUL -6 SECRETAR ALLAHASS
	Signature of a me	mber or authorized representative of a member	E E E
	Bre H 1	yped or printed name of signee	S: 3

Page 2 of 2

Filing Fee: \$25.00