## L10000051923

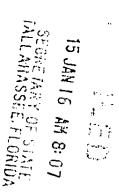
(Re	questor's Name)	
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CO	VER	LET	TER
			_

RENC	DVATION KING, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	NC -1 MACL - 4
	Nick Wilmot
	Name of Person
	Debbie's Accounting Service, Inc
	Firm/Company
	3575 Southside Blvd
	Address
	Jacksonville, FL 32216
	City/State and Zip Code
	tomcrego@aol.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Nick Wilmot	904 733-4547
THOIC TYMINOL	

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassce, FL 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## RENOVATION KING, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited Liabi	lity Company)	<u> </u>	
The Articles of Organization for this Limited Liab Florida document number <u>L10000051923</u>	pility Company wer	e filed on <u>05/14/2</u>	2010	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability	company here:		
The new name must be distinguishable and end with the wo	ords "Limited Liability	Company," the designation	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET.	ADDRESS)			
	·	•		
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BO	OX)			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		address on our	records, enter t	he name of the new
New Registered Office Address:				22.
		Enter Florida stre	ret address Francisco R	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		D <sub>A</sub>	7
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete per ered agent as prov gistered office add	formance of my di vided for in Chapte	uties, and I am fa er 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	KING, PARRISH D	9727 TOUCHTON RD APT 2019	Add
		JACKSONVILLE, FL 32246	□ Remove
			Add
			☐ Remove
			Remove
			S Ades
			JAN Remove AM 8:
			Red Add
			□ Remove
· · ·			□ Add

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ective date, if other than the defective date must be specific, cannot date this document is filed by the Flo	date of filing: t be prior to date of receipt or filed date and can	(optional) not be more than 90 days after
date this document is filed by the Flo	rida Department of State)	(optional) not be more than 90 days after
date this document is filed by the Flo	rida Department of State)	(optional) not be more than 90 days after
date this document is filed by the Flo and January 14	rida Department of State)	

Page 3 of 3

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