L110000148861

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
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S MASON

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJEC	S. W. H Ho	ome Improvements, LLC		
SUBJE	∠Ii	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Stacey Huckaby		
			Name of Person	
		Pam Myers Tax Service		
			Firm/Company	
		1275 Brickyard Road Lot	5	
			Address	
		Chipley, FI 32428		
			City/State and Zip Code	
		josephdpamela@bellsouth.r		
			to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Pam My	ers ers		850 638-7761 at ()	
	Name o	f Person		Telephone Number
	t			
Enclosed	l 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)

MAILING ADDRESS:

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

S. W. H. Home Improvements, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appear nited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L11000048861</u> .	pany were filed on 04/	26/2011	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
		· · · · · · · · · · · · · · · · · · ·	·
Establish 20 II II			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on shere:	our records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of . t as provided for in C	my duties, and I am fan hapter 605, F.S. Or, <u>if</u> ,	niliar with and this document is ed liability

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
MGR	Thomas Adams		☐ Add
		1275 Brickyard Road Lot 5, 32428	Remove
			Change
MGR	Scott E Lenderman	4018 Hwy 77 Graceville, 32440	
			Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove .
			Change
			Add Remove Change
			w Change

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ective date, if other th	an the date of filin	g:		_ (optional)	
n effective date is listed, the term of the date inserted in	date must be specific an n this block does not n	d cannot be prior to date meet the applicable s	of filing or more than 90 of atutory filing requirement	lays after filing. ents, this date) Pursuant to 605 will not be liste
cument's effective date o	n the Department of	State's records.			
					
record specifies a d he 90th day after th			effective time, at 1	.2:01 a.m.	on the earlie
September 25		, 2015		ı	<u> </u>
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ted	11	/ \	1		
	<u>Stace</u>	g Hucka	reflecentative of a member		
	Signature of a	dember or authorized	replesentative of a member		2

Page 3 of 3

Filing Fee: \$25.00