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COVER LETTER

Division of Cor	porations				
	ome Improvements, LLC				
SUBJECT:	Name of Limi	– . –			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Pam Myers				
		Name of Person		•	
	Pam Myers Tax Service				
		Firm/Company			
	1701 Nearing Hills Circle				
		Address			
	Chipley, FL 32428		1 .		
		City/State and Zip Code			
	josephdpamela@bellsouth.r			Şıma Cana∵	
For further information of	E-mail address: (i	to be used for future annual report notificall:	ation)	2016 JUL 21	A 11 washing
Pam Myers		850 638-7761		A	
Name o	of Person	Area Code Daytime	Telephone Number,	ب ن ن	
Enclosed is a check for t	he 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 Filin Certificate Certified C (additional co	of Statu Copy	

MAILING ADDRESS:

TO: Registration Section

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 Lial</u> (A Flor	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability lorida document number L11000048861	y Company were filed on 04/26/2011 and ass	igned
his amendment is submitted to amend the following:	g;	
a. If amending name, enter the new name of the li	limited liability company here:	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name	of the n
	AASA	1 di
Name of New Registered Agent:	できる。 第2	
New Registered Office Address:	Enter Florida street address	ز
	ခြင်း ပ ာ	
	, Florida 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	William Robert Jones	1183 JS Jones Road, Graceville, FI	= Add
		Thomas Adams 1275 Brickyard Rd	■ Remove
			Change
		<u> </u>	Add
			Remove
			□ Change
			□ Add
			□ Remove
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Filing Fee: \$25.00