L11000077012

(Re	questor's Name)	
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COVER LETTER

	gistration Secti vision of Corpo		١	, 4
annie ce.		s Custom Home Remodeling	, LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspond	lence concerning this matter t	o the following:	
		Casey Wren		
			Name of Person	
		Home Doctors Custom Hor	ne Remodeling, LLC	
			Firm/Company	
		1025 Gateway Blvd., Ste 30	03-109	
			Address	
		Boynton Beach, FL 33426		
			City/State and Zip Code	
		Info@AllSportCourts.com		
		E-mail address: (t	o be used for future annual report no	otification)
For further	information con	cerning this matter, please ca	11:	
Casey Wre			866 632-9603 at ()	
	Name of P	Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for the	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:

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

Home Doctors Custom Home Remodeling, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re-	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000077012</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AllSport Court Surfacing, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3860 NE 40th Place, Unit	G
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34479	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1025 Gateway Blvd #303- Boynton Beach, FL 33426	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	Hace
	City	, Florida
	,	Lip Couc
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity.	I further agree to comply with the

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

Page 1 of 3

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
	 		Add
			□ Remove
			☐ Change
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ctive date, if other than the	data of filings		(optio	nal)
effective date is listed, the date must	t be specific and cannot be p	prior to date of filing or m	ore than 90 days after	filing.) Pursuant to 605.
If the date inserted in this bloment's effective date on the De	ock does not meet the ap epartment of State's reco	pricable statutory tilin ords.	g requirements, this	date will not be liste
ecord specifies a delayed		not an effective	time, at 12:01 a	.m. on the earlie
e 90th day after the reco	ord is filed.			
June 22	2016			; with
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Casey C	, 1		10 mg	-
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mary c	Signature of a member or a	authorized representative	of a member 💢 💆	
Casey Wren	Signature of a member or a	nuthorized representative	of a member Section 2015	

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Filing Fee: \$25.00