L/2000033935

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

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A. LUNT

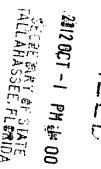
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EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration Solution of Col				
SUBJE	СТ∙	RIGHT ANGLE HO	OME INNOVATIONS, I	_LC	
			ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspe	ondence concerning this matter	to the following:		- B
		RAY R. BARTHEL, III	 	MIZOCT -	
			•		ARY OF
		RIGHT ANG	SLE HOME INNOVATIONS	S, LLC	The R I
			Firm/Company		PH JH 00
		114 LOBELIA RD.		96 80	
			Address		
		ST.	AUGUSTINE, FL 32086		
			City/State and Zip Code		
		BARTE	BUILDERS@YAHOO.COM	/I	
For furth	ner information of	concerning this matter, please of	•	meation)	
		R. BARTHEL, III	at (_904)	501-3516	
	Name o	of Person	Area Code & Dayti	me Telephone Number	
		he following amount:			
▼ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIGHT ANGLE HOME INNOVATIONS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	npany were filed on FEBRU	ARY 20, 2012 and assigned			
Florida document number L12000023935					
This amendment is submitted to amend the following:		1			
A. If amending name, enter the new name of the limited	d liability company here:	ACLA			
		7 5 7			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	ri X			
Enter new principal offices address, if applicable:	114 LOBELIA RD.	马。 圣 门			
(Principal office address MUST BE A STREET ADDRES	ST. AUGUSTINE,	FL 32086			
Enter new mailing address, if applicable:	114 LOBELIA RD.				
(Mailing address MAY BE A POST OFFICE BOX)	ST. AUGUSTINE,	ST. AUGUSTINE, FL 32086			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		cords, enter the name of the nev			
Tune of New Registered Figure.					
New Registered Office Address:	Enter Flo	rida street address			
		, 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 Changing Registered Agent, Signature of New Registered Agent

'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 = Managing Member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated SEPTEMBER 25 , 2012 . Signature of a member or authorized representative of a member	<u>Title</u>	<u>Name</u>	Address	Type of Action
Dated SEPTEMBER 25 2012 Remove Add Add Remove Add Add Remove Add Add Remove Add Add	MGRM	ALAN S. WILLIAMS	4712 CARTER ROAD ST. AUGUSTINE, FL. 32086	Add Remove
Dated SEPTEMBER 25 . 2012 Add Remove Add Add Remove Add A				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) of the second				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated SEPTEMBER 25 , 2012 Signature of a member or authorized representative of a member				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated SEPTEMBER 25 , 2012 Signature of a member or authorized representative of a member				Remove
Dated SEPTEMBER 25 , 2012 . Signature of a thember or authorized representative of a member	D 160-0-		***************************************	SS Add Remove
Signature of a member or authorized representative of a member	D. П ашен	ding any other intormation, end	er change(s) nere: (Anach adamonai sheeis, ij necessa	
Signature of a member or authorized representative of a member				
	Dated	SEPTEMBER 25	, <u>2012</u> .	
Typed or printed name of signee		Signature of	RAY R. BARTHEL, III	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00