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SECRUTARY OF STATICA DIVISION OF CORPORATION

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SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
(additional copy is enclosed) Certified Copy			
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	A HUNT HOME IMPROVEMENTS, LLC Name of Limited Liability Company ricles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Gerald Hunt Name of Person GA HUNT HOME IMPROVEMENTS, LLC Firm Company 721 LAKESHORE BLVD Address SAINT CLOUD, FL 34769 City/State and Zip Code JERRYJHUNT@YAHOO.COM E-mail address: (to be used for future annual report notification) rimation concerning this matter, please call: AT 407 709-7158 at (
		Firm: Company	
	GA HUNT HOME IMPROVEMENTS, LLC Name of Limited Liability Company enclosed Articles of Amendment and feets) are submitted for filling. see return all correspondence concerning this matter to the following: Gerald Hunt Name of Person GA HUNT HOME IMPROVEMENTS, LLC Firm:Company 721 LAKESHORE BLVD Address SAINT CLOUD, FL 34769 City/State and Zip Code JERRYJHUNT@YAHOO.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: RALD HUNT Name of Person Area Code Daytime Telephone Number 10sed is a check for the following amount: \$25.00 Filling Fee Certificate of Status Certificate Of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy		
	SAINT CLOUD, FL 3476	9	
	Name of Person GA HUNT HOME IMPROVEMENTS, LLC Firm: Company 721 LAKESHORE BLVD Address SAINT CLOUD, FL 34769 City/State and Zip Code JERRYJHUNT@YAHOO.COM E-mail address: (to be used for future annual	City/State and Zip Code	
JERRYJHUNT@YAHOO.COM			
			ication)
For further informatio	n concerning this matter, please co	nll:	
GERALD HUNT		407 709-7158	
Nan	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

GA HUNT HOME IMPROVEMENTS. LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 11/05/2012	and assigned
Florida document number L12000140037		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		SEC 23SEC
		6 X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:	<u> </u>	20 GS
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		33 TO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strvet address	
	, Flori	
	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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Sam Harris	5850 Alligator Lakeshore West	
		Saint Cloud, FL 34771	☐ Remove
			Change
			□ Add
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f an effe <u>Note:</u> I	date, if other than the date of filing:	ng.) Pursuant to 605	.0207 ed as
reco	d specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m Oth day after the record is filed.	. on the earlie	er of
Dated _	8/28/2018		
_			
	Signature of member or authorized representative of a member		

Page 3 of 3

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Filing Fee: \$25.00