L13000005304

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JAN 2 3 2013

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

AME OF CORPORATION: GREAT HOME IMPROVEMENTS LLC OCUMENT NUMBER: L13000005304
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
OLGA N MILATOU DOVELLOS
Name of Contact Person
Firm/ Company
9201 BARRINGTON LANCE
Address PORT RICHEY FL 34668
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
DLGA N MILATOU DOVELLOS
Name of Contact Person at (
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT HOME IMPROVEMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Company were filed on 01/10/2013			013	and assigned	
Florida document number L13000005304			**** *		_
Florida document number				endo C. N	<u> </u>
				ن ب	
This amendment is submitted to amend the follow	wing:				K pr
				22	三三三三
A. If amending name, enter the new name of the limited liability company here:			0	्रेन् ्र म	
				32	80
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company," tl	ne designation "LLC	or the a	abbreviatio
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9201 BARRINGT	ON LANE		S
		PORT RICHEY FL 34668			
Trincipul office unuress MOST BL A STREET	ADDRESSI				
Enter new mailing address, if applicable:		PO BOX 1637			
(Mailing address MAY BE A POST OFFICE BOX)		PORT RICHEY FL 34673			
B. If amending the registered agent and/or	r registered of	lina addrass on our re	ocards antar tha	nome e	of the new
registered agent and/or the new registered off			ecorus, <u>enter the</u>	name 0	i the nev
		•			
Name of New Registered Agent:	OLGA N MILATOU DOVELLOS				
New Registered Office Address:	9201 BARR	RINGTON LANE			
New Registered Office Address.		Enter Flo	orida street addres	'S	
				38	
	1 01(1 1(10)	City	, Florida <u>346</u> 6	Zip Code	
		City		г ір Соав	s
New Registered Agent's Signature, if changing Re	egistered 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 = ManagerMGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DOVELLOS, OLGA	PO BOX 1637	Add
		PORT RICHEY FL 34673	Remove
MGRM	OLGA N MILATOU DOVELLOS	PO BOX 1637	_ 🗹 Add
		PORT RICHEY FL 34673	Remove
MGRM	IOANNIS DOVELLOS	PO BOX 1637	Add
		PORT RICHEY FL 34673	Remove
MGRM	IOANNIS SPANOS DOVELLOS	PO BOX 1637	Add
		PORT RICHEY FL 34673	Remove
			Add SCHOOL OF STATE Remove Address Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	January 17, 2013.
	Olga D. Wlawn Noughs
	Signature of a member or authorized representative of a member
	Olag N. Milaton Dovellos
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

13 JAN 22 PM 3: 20