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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AL Home Remodeling, UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laura L. Ervans Name of Person
AL Home Remodeling, LCC Firm/Company
Po box 3382
Address
Arcadia Fl 34265  City/State and Zip Code
lervans etremon com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laura L Ervans at (863 558-33 le 9  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A TO ARTICLES OF OF ARTICLES OF OF OF OF OF OR	RGANIZATION SOLL C
(A Florida Limited Li The Articles of Organization for this Limited Liability Company v Florida document number 13000 255 5.2	· 3
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 3382 Arcadia FI 34265
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Timothy Burhar	15 1424 St Peach Dr	[XAdd
	,	15 1424 St Peach 25 Arradia Fl 3426	Remove
			<u> —</u>
			Add
			<del></del>
			Add
		F.	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if new	cessary.)		
Dated November 12 3063.  Signature of a member or authorized representative of a member have a Lervan S		·	
Typed or printed name of signee  Page 3 of 3	22:	2415	
Filing Fee: \$25.00	LAHASSELFLERIÐA		**************************************