L13000030871

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
pm	/	

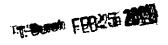
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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: All Florida

All Florida Renovations, LLC

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:

Todd P. Kirkland		
Name of Person		
Firm/Company		
1411 Jersey Street		
Address		
Jacksonville, Florida 32205		
City/State and Zip Code		
toddzilla1964@yahoo.com		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Todd P. Kirkland

_{at} 904

755-2014

Name of Person

Area Code

Daytime 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

All Florida Renovation				
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 02/28/201 Florida document number L13000030871		2/28/2013	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company he	ere:		
The new name must be distinguishable and end with the	e words "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if appli	cable:	TAL	14	
(Principal office address MUST BE A STRE	 	CRE		
	-	ASS	2	
Enter new mailing address, if applicable:		EE, FL	e m	
(Mailing address MAY BE A POST OFFICE	BOX)	ATA		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter th	e name of the	
Name of New Registered Agent:		- · · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	1411 Jersey Street Enter Flor	ida street address		
	Jacksonville	, Florida 322	.05	
	Cîty		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Nicole L. Kirkland 1411 Jersey Street **MGR** □ Add Jacksonville, FI 32205 Remove Walter Dalluge 4602 Tunis Street MGR 🛢 Add Jacksonville, FI 32205 □ Remove □ Add □ Remove ☐ Remove □ Add □ Remove

amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9	(optional) 90 days after	
e date this document is filed by the Florida Department of State) tted February 20 , 2014		
Signature of a member or authorized representative of a member		
Nicole L. Kirkland		
Typed or printed name of signee	SECRETARY TALLAHASSEI	14 FEB 24
	OF STATE E. FLORIDA	PM 3: 48

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Filing Fee: \$25.00