

L13000177535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

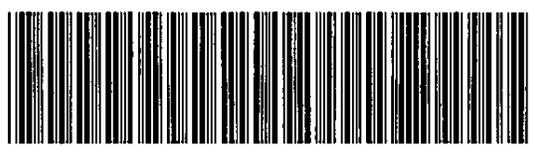
(Business Entity Name)

(Document Number)

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2016 JAN -6 PM 2:57
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN -7

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hand H Home 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:

Jordan Hargrave
Name of Person

Hand H Home Renovations
Firm/Company

274 Bayridge Ct
Address

Ormond Beach, Florida, 32174
City/State and Zip Code

JLHargrave87@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Hargrave at (386) 299-7532
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

TO
ARTICLES OF ORGANIZATION
OF

Hand H Home Renovations, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/30/2013 and assigned

Florida document number L13000177535

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TreeLine Furniture Co, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

205 Riverbend Rd. Ormond Beach,
Florida, 32174

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

205 Riverbend Rd. Ormond Beach,
Florida, 32174

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Nathan Hargrave</u>	<u>205 Riverbend Rd. Ormond beach</u>	<input checked="" type="checkbox"/> Add
		<u>Florida, 32174</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Jordan Hargrave</u>	<u>274 Bayridge Ct. Ormond</u>	<input checked="" type="checkbox"/> Add
		<u>Beach, Florida, 32174</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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