

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENHANCEMENTS AROUND THE HOME LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Corporate Filing Menu

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T. Buren FEB 17, 2014

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COVER LETTER

	egistration Sec ivision of Corp			
CUDICA		ents Around The Home LLC		
SUBJECT	·	Name of Limi	ted Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Picase retu	rn all correspon	dence concerning this matter t	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		condorwhite72@gmail.co		
		E-mail address; (t	o be used for future annual report no	onneation)
For further	information co	neerning this matter, please ca	ıll:	
Imelda V	asquez			ext 7950
	Name of	Person	Area Code Days	ime Telephone Number
Enclosed is	s a check for the	e 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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enhancements Around The Home	ELLC	
(Name of the Limite	d Liability Company as it now appears on our records A Florida Limited Liability Company)	<u>ı.</u>)
The Articles of Organization for this Limited Lia Florida document number <u>L14000007909</u>	bility Company were filed on 1/15/2014	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
		14 SE
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC	
Enter new principal offices address, if applica	ble:	8
(Principal office address MUST BE A STREET	ADDRESS)	SEE SEE
		STAIF.
Enter new mailing address, if applicable:		<u>ω</u>
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	
B. If amending the registered agent and/o	r registered affice address on our records	enter the name of the new
registered agent and/or the new registered offi		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Homer W. White, Jr.	4011 Savannah Glen Blvd.	☑ Add
		Orange Park, FL 32073	□ Remove
AMBR	HOMER W WHITE	3311 DEERFIELD POINTE DR.	Add
		ORANGE PARK, FL 32073	☑ Remove
			14 FEB 7 Remove SEC TAR OF STATE Add Remove Remove
			☐ Add
			Add

F & B. 1	3. 2014 B:43AM NO. 264
If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(The effec	ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated_	02/14/2014
	Signature of a member or authorized representative of a member
	Christopher E. White
	Typed or printed pages of signes

Page 3 of 3

Filing Fee: \$25.00

14 FEB 17 AM 8: 13
SECRETARY OF STATE
TALLAHASSEE, FI ORIO