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SECRETARY OF STATE
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COVER LETTER

O: Registration Section Division of Corporations		
SUBJECT:	ne Trop o vented Liability Company	ent of wwfl, LLC
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing,	
Please return all correspondence concerning this matter t	to the following:	
Kim Ho	Rande 7 Name of Person	
In+ Out	Home Impro	venent of NWFL, LLC
108 Ferr	4 Rd NE Address	
FWB, FL	_ 32548 City/State and Zip Code	
- Makenk E-mail address (1	to be used for future arrual report notifi	ication)
For further information concerning this matter, please ca	all:	
Kin Hean andez Name of Person	at (850)3716 Area CodeDaytime	2-0854 Telephone Number
Enclosed is a check for the following amount:		مس
S25 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

In a Dut Home Inspouement of NWFL, LLC
(Name of the Limited Liability Company askit now appears on our records)
(A Florida Limited Liability Company)

(A Florida Limited Lial	oiffry Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
Florida document number 140000 21803		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
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)		
-		
B. If amending the registered agent and/or registered offic	e address on our records, enter_t	the name of the new
registered agent and/or the new registered office address here:		ALSE L
		CRI CRI
Name of New Registered Agent:		\$ 10 m
New Registered Office Address:		SEX 5
	Enter Florida street address	79 3 m
	, Florida	
N. D. C. LA D. C. L. L. D. C. LA L. D. C. LA L. D. C. L. L. D. C. L. L. L. L. D. C. L.	City	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		
accept the obligations of my position as registered agent as pro	ovided for in Chapter 605, F.S. Or, i	if this document is
being filed to merely reflect a change in the registered office accompany has been notified in writing of this change	ldress, I hereby confirm that the lim	ited liability
Company has occur nonnea in writing of his change		

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action AP Kim Hernandez 108 Ferry Rd NE MADEL AND FURTHER FUB. FL 32548 FWB, FL 32548 Mailing: POBOX 4432 Change Ft. Waldon Boh, FL DANG 32549-4432 ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

	
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Filing Fee: \$25.00