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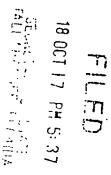
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 2 9 2018
T SCHROEDER

COVER LETTER

Division of Co	orporations	
COWBO' SUBJECT:	YS HOME IMPROVEMENTS LLC	
	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.	
rease return an corresp	pondence concerning this matter to the following: PHIL CANADA	
	Name of Person	
	COWBOYS HOME IMPROVEMENTS LLC	
	Firm/Company	
	707 BONNIE CR	
	Address	
	MELBOURNE, FL 32901	
	City/State and Zip Code COWBOYPHIL1735@AOL.COM	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
PHIL CANADA	321 216-0188 at ()_	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status	

MAILING ADDRESS:

TO:

Registration Section

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**

COWBOYS HOME IMPROVMENTS LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
ne Articles of Organization for this Limited Liability Company were filed on	
orida document number L14000057946	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company	<u>here</u> :
e new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	- 16 - 16
incipal office dadress most be A STREET, in bridge	T 12 T
	. 7 [
tr 11 (Con-licable)	- P 11
1ailing address MAY BE A POST OFFICE BOX	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	
egistered 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 reing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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>	Address	Type of Action
MGR	MICHAEL LEWIS	1735 CROTON RD MELBOURNE, FL 32935	
		MELBOOKNE, 1 L 32933	Add
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ctive date, if other than the	e date of filing:	(optional)	repart to 605 07
e: If the date inserted in this b	lock does not meet the applicable statute	ory filing requirements, this date will	not be listed
ument's effective date on the D	repartment of State's records.		
record specifies a delaye	d effective date, but not an effe	ective time, at 12:01 a.m. on	the earlier
he 90th day after the rec	cord is filed.		
, OCT 15	2018		
ed OCT 15	, 2018 Signature of a member or authorized repre		
\mathcal{U} for U_{Δ}	$\mathcal{A}_{\mathcal{A}}$		
MALL (1667)	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00