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S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
COWBOY SUBJECT:	S HOME IMPROVEMENTS	LI.C	
30BJEC1:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	PHIL CANADA		
		Name of Person	
	COWBOYS HOME IMPE	ROVEMENTS LLC	
		Firm/Company	 -
	707 BONNIE CIR		
		Address	· · · · · · · · · · · · · · · · · · ·
	MELBOURNE FL 3290	I	
	0.1.	City/State and Zip Code	
	COWboy Philips	35 @ QOL.Com to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c		 ,
PHIL CANADA		321 216-0188	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

COWBOYS HOME IMPROVEMENTS LLC

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

A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab Enter new principal offices address, if applicable:	2.7
(Principal office address MUST DE 4 STDEET (DDDESS)	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab Enter new principal offices address, if applicable:	
Enter new principal offices address, if applicable:	
	breviation "L.L.C."
(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 office address on our records, enter the name agent and/or the new registered office address here:	e of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Enter t tortua street address	
, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	гір Соав

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JASON M BAKER	2127 OTTERBEIN AVE	□Add
		COCOA, FL 32922	■Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
	·		
			□ Remove
		Change	
		□Add	
		□Remove	
		☐ Change	
			□ Ađd
			□ Remove
			□Change

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Fffor	tive date, if other than the date of filing: (optional)
(If an et <u>Note:</u>	flective date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	Nov 22 . 0619.
	Signature of a member or authorized representative of a member
	PHIL CANADA
	Typed or printed name of signee

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Filing Fee: \$25.00