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COVER LETTER

Division of Cor	porations		
SUBJECT:	Name of Lim	S Home TWST ited Liability Company	allations, L.L.C.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lau	Name of Person	2.2
		Firm/Company	
	1100 Unda	Address	2014 PR 21 SECRETAR SALLAHAS
	Osteen	City/State and Zip Code	<u> </u>
	Chow of E-mail address: (LKbass 500 cm to be used for future annual report notifi	Cation) COW STATE OF
For further information co	oncerning this matter, please ca	ail:	105 21
Chad (Bass Person		- 4500 Telephone Number
Enclosed is a check for th	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)
Registra	NG ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Comora	1

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chad Bassis Ho	meInstallations LLC
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LILIOOOGISLI</u>	ompany were filed on $\frac{4/15/2014}{2014}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	
	\$\frac{1}{2} \frac{1}{2} \frac{1}{2}
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
•	경속 5 Om 5
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, <u>enter the name of the new</u> ress 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lauren N. BASS	1100 Underhill Branch R.	□ Add
		1100 Underhill Branch R. Osteen, Fl 32764	□ Remove
			🗖 Add
			Remove
			Add Add
			Add Render 21 RH 12: 54 ALLAHASSEE, FLOREDA
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effective date must be spe	than the date of filing: ccific, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	(optional) ot be more than 90 days after
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Filing Fee: \$25.00