L14000080733

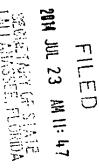
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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N. Cumpan JUL-25 2014

	1 d g	COVER LETTER	
TO: Registration Sec Division of Corp			• ø
SUBJECT:	omplete H Name of Limi	lome Remode	-ling LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	- Voniel	Boza Name of Person	
	Compl	ete Home Rem Firm/Company	odeling LLC
	<u>12 sw</u>	99 p L Address	
	Mian	City/State and Zip Code	
	Boza JI E-mail address: (1	amail.com	ication)
For further information co	ncerning this matter, please ca	all:	
Voniel B Name of	OZ A Person	at (<u>305</u>) <u>316 2</u> Area Code Daytime	700 e Telephone Number
Enclosed is 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 JUL 23 AN II: 47

	TALLAMASSEE, FLORIDA
Complete Home	Remodeling LLC nv as it now appears on our seconds.) Jability Company)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 5-19-2014 and assigned
Florida document number <u>L 14000080733</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
·	× 1 //
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	*/
in a sum and the s	
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new
registered 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 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> <u>Name</u> **Address** Type of Action MGR Voniel Boza 125W 99PL Add Miami FL 33174 - Remove _□ Add _□ Remove ☐ Add ☐ Remove □ Add □ Remove □ Add _□ Add □ Remove

	. Please Add FEI/EIN Number
-	·Please Add FEI/EIN Number 46-5761573
E. Efi	fective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after edate this document is filed by the Florida Department of State)
the	
the	ted 7-17-2014.
the	e date this document is filed by the Florida Department of State)
the	ted 7-17-2014.

Page 3 of 3

Filing Fee: \$25.00

