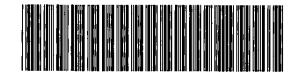
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2014

JONATHAN EVERETT 3952 ATLANTIC BLVD. E 13 JACKSONVILLE, FL 32207

SUBJECT: EVERETT HOME IMPROVEMENT SERVICES LLC

Ref. Number: L14000152525

We have received your document for EVERETT HOME IMPROVEMENT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 014A0002192@ -

2014 DEC 23 PM 4: 51

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AVISION OF COMPORATIONS
INFORMATION SERVICIAL



October 13, 2014

JONATHAN EVERETT 3952 ATLANTIC BLVD. E 13 JACKSONVILLE, FL 32207

SUBJECT: EVERETT HOME IMPROVEMENT SERVICES LLC

Ref. Number: L14000152525

We have received your document for EVERETT HOME IMPROVEMENT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 014A00021920:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: EVERY++ home improvement survices LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tongthan Evirutt Name of Person Everitt home improvement sorvices LLC Firm/Company
3952 Allantic Bly E13
TUCKSONVILLE, FL. 32207. City/State and Zip Code VGOCF (WY) DCMC1L.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tongthon Fyarutt at (904) 290 - 9370 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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

OVUMENT SURVICES The Articles of Organization for this Limited Liability Company were filed on 09/20/20/4 Florida document number LI4NX15a This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: acksonville, Florida 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

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

Page 1 of 3

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:

Type of Action

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name Address

Own		3952 Atlantic Blv E13 DAdd
		Jacksonville, Fl 32207 @ Remove
<u>Own</u>	Jonathan Everett	3952 Atlantic Blu F13 DAdd
		JACKSONVIlle, fl 32207 premove
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		☐ Remove

E. Effective date, if other than the date of filing:

(Optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10112014

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

ZON DEC 23 PH 4:51