L15000076109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100281462481

02/08/16--01004--019 **30.00

FEB 08 2016

S. YOUNG

FILED
16 FEB -5 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SWEDES HOME IMPROVEMENT 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:

Mr. Jimmy Struble
Name of Person

Swedes Home Improvement
Firm/Company

3199 Dothan Ave
Address

Spring Hill, FL 34609
City/State and Zip Code

jimmystruble@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy Struble at (757) 576 7771
Name of Person Area Code Daytime Telephone Number

FILED
09 FEB 05 AM 9:46

Enclosed is a check for the 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

To: Florida Dept. of State

Date: 02/2/2016

Reference: Amendment to Articles of Organization for LLC

EIN#: 47-3889882

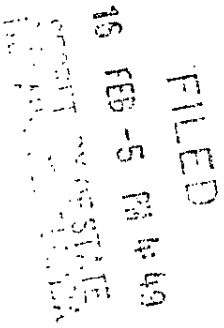
4 pages/ $30.00 Check enclosed (Certified Copy needed)

I am removing one of the partners on the LLC from the LLC.

Phone Number: 757 576 7771

Return Address: 3199 Dothan Ave

Spring Hill, FL. 34609



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SWEDES HOME IMPROVEMENT

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

The Articles of Organization for this Limited Liability Company were filed on April 29 2015 and assigned Florida document number 47 - 3889882

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 contain the words "Limited 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 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 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.

____

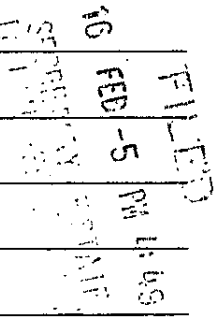
If Changing Registered Agent, Signature of New Registered Agent

If amending 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

Title	Name	Address	Type of Action
AMBR	Marilyn Struble	3199 Dothan Ave	☐ Add
		Spring Hill, FL	☒ Remove
		34609	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*



E. Effective date, if other than the date of filing: _____ _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 2/2/, 2016.

Signature of a member or authorized representative of a member

Jimmy Struble

Typed or printed name of signee

Filing Fee: $25.00