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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 03 2017

Y SULKER

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

ALBERTS HOME IMPROVEMENTS LLC

(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 06/09/2015 and assigned  
Florida document number L15000100288.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

( NOT APPLICABLE )

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:**

( NOT APPLICABLE )

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

( NOT 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:

( NOT APPLICABLE )

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GUERDA CHARLEMAGNE	2489 NW 63 STREET	<input checked="" type="checkbox"/> Add
		OCALA FL 34475	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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SECURITY OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated JUNE 23rd, 2017

*P. Alt Chhaya*  
Signature of a member or authorized

Signature of a member or authorized representative of a member

ALBERT CHARLEMAGNE

Typed or printed name of signee