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| Special Instructions to | Filing Officer: | |
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| SU. | ВЈЕСТ: | HOME IMPROVEMEN | IT & MAINTENANCE ENTE | ERPRISE, LLC |
| | | Name of Limi | ited Liability Company | |
| | | | | |
| The | e enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Ple | ase return all correspon | dence concerning this matter | to the following: | |
| | | | Hesham Almutairi | |
| | | | Name of Person | , , , , , , , , , , , , , , , , , , , |
| | | HOME IMPROVEM | ENT & MAINTENANCE EN | TERPRISE, LLC |
| | | | Firm/Company | |
| | | 13907 N Dale Mabry Hwy | | |
| | | | Address | |
| | | Tampa, FL 33618-2411 | | |
| | | | City/State and Zip Code | |
| | | mubmut@yahoo.com | | |
| | | E-mail address: (| to be used for future annual repor | t notification) |
| For | further information co | ncerning this matter, please ca | di: | |
| М | ubarak Almutairi | | 813 812-350 at () | 00 |
| | Name of | Person | | aytime Telephone Number |
| | | | | |
| End | closed 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

TO:

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

| ity Company as it now appears on our la Limited Liability Company) | records.) | _ |
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| | ity Company as it now appears on our a Limited Liability Company) Company were filed on O9-02-2013 ited Liability company here: mited Liability Company. The designation RESS) stered office address on our reliress here: Enter Florida street | nited liability company here: nited Liability Company. The designation "LLC" or the abbreviation RESS) stered office address on our records, enter the nardress here: Enter Florida street address , 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 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

| MGR = Mai AMBR = Aut | nager thorized Member | | |
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| f an effe Note: I | re date, if other than the date of filing:(optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records. |
| ne reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of |
| | 90th day after the record is filed. |
| The 9 | $\frac{01/5}{1}, \frac{2017}{1}$ |
| The 9 | 01/5, 2017. |
| The 9 | Signature of a member of authorized representative of a member |
| The 9 | Signature of a member of authorized representative of a member He Shan Al Mutain |
| The 9 | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00