1500/69943

(Re	equestor's Name)	_
(Ac	idress)	_
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
:		
		i

Office Use Only



400309005554

02/12/18--01033--011 **30.00



MAR 0 2 2018 Y SULKER



February 15, 2018

JEFFREY D MCCAULEY 6791 58TH ST N PINELLAS PARK, FL 33781

SUBJECT: HOME IMPROVEMENTS & DECOR LLC

Ref. Number: L15000169943

We have received your document for HOME IMPROVEMENTS & DECOR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 118A00003291

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

D''' CO L' DO DOV coor milita de la coor

COVER LETTER

Division of Corporations	
UBJECT: Home Improvements & Decor Lic Name of Limited Liability Company	
the enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Jettrey Mane of Person	
Name of Person 3	
Home Improvements & Decor LLC Firm/Company	
6791 58th St N.	
6791 58 St N. Address	
Pirallas Park /FL 33781 City/State and Zip Code iowa handynan Fl@gnail. wn E-mail address: (to be used for future annual report notification)	
ioux handunan Fl@gnail. Con	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
To De McCaulon 319, 415 - 6,529	
Name of Person) at (319) 415 - 6529 Area Code Daytime Telephone Number	-
inclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee SCERTIFICATE OF STATUS Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &

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

Home Improve	ements	& Decor		
(Name of the Limited (A	Liability Compar Florida Limited L	iv as it now appears o lability Company)	n our records.)	
The Articles of Organization for this Limited Liabs		were filed on <u>OC</u>	fiber 6, 2015	and assigned
This amendment is submitted to amend the following	ing:		, - -	A
A. If amending name, enter the new name of th		lity company here	: 05	<u> </u>
The Iowa Handyman		Painting	LLC §	. 6
The new name must be distinguishable and comain the word	ls "Limited Liabili			
Enter new principal offices address, if applicable	le:	6791	58th 57 N	<u> </u>
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>	Pihellas	Park FL	
			3	3081
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>	6791 Pinelles	58 fl St. Park, F	33781 N.
B. If amending the registered agent and/or registered agent and/or the new registered offic	_		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	J. P.C.	mcca 58 th S	uley	
New Registered Office Address:	6791		t N . street address	
	Pinell	las Park	, Florida	33781
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hector Del Carpio	6280 67th Ave N.	Add
		Pinellas Park, FL 33731	Æ Remove
			☐ Change
			D Add
			Remove
			Change
			Remove
			टा □ Change
			Bemove
		ORIGINA A	C Change
			Remove
			Change
			🗆 Add
			□ Add□ Remove□ Change
			Change

			•		
					_
		. <u></u>			
					
					
		· · · · · · · · · · · · · · · · · · ·			_
					_
			, 41		_
				3 HAR	
			ÿ.,		-
		· 	\$ C.		
			<u> </u>	جَيْرَ	,
			NO.	6.1	_
	 				_
					
fective date, if other than the date of filing:		(optional	`		
in effective date is listed, the date must be specific and cannot be prior to	o date of filing or more	than 90 days after filing	g.) Pursu	ant to 6	05.020
ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	ole statutory filing r	equirements, this date	: WIII B	ot be 11	isted a
record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective tim	e, at 12:01 a.m.	on th	ie ear	lier o
nted February 23 2018	_ •				
	5	a member			
Signature of a member or authori	ized representative of	a memoer			

Page 3 of 3

Filing Fee: \$25.00