## U5000 195901

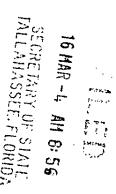
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corpor		* *	
SUBJECT: Good O	le Boys Home Name of Limi	Improvement LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Druglas B	Name of Person	
	Good Ole Bo	ys Home Improvement O Firm/Company	t lic
	6711 Letohatche	Address	
	Panama City,	FL 32404 City/State and Zip Code	
-	Good de Bus Koofing & E-mail address! (1)	o be used for future annual report notifica	tion)
For further information conce	erning this matter, please ca	ІІ:	
Douglas Boles Name of Pe	rson	at (8£0) 2.76 ~8147 Area Code Daytime To	elephone Number
Enclosed is a check for the fo	ollowing amount:		
<b>22</b> \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>02/03/16</u> and assigned Florida document number <u>L15 000 195 90</u> .
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 ne 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@ode

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	l 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
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		Parama City, 12 32404	
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Page 3 of 3

Filing Fee: \$25.00