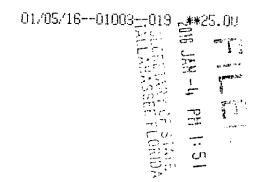
L15000197214

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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JANO 6 2016 J. HARRIE

COVER LETTER

TO:	Registration So Division of Co			
SUBJ		provements, LLC		
50130		Name of Lin	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Thomas W. Hefner II		•
			Name of Person	
		Hefner Improvements, LL	c	
			Firm/Company	
		941 Caples St		
			Address	· · · · · · · · · · · · · · · · · · ·
		Englewood, FL 34223		
			City/State and Zip Code	·
		HefnerImprovements@gma		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please c	alf:	
Thoma	as W. Hefner II		941 786-2068 at ()	
	Name o	f Person		e Telephone Number
Enclos	sed is a check for the	he following amount:		
\$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

Hefner 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 November 23, 2015 and assigned Florida document number L15000197214 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Type of Action
MGR	Katelynn Hefner	941 Caples Street	Add
		Englewood, FL 34223	Remove
			Change
		·	Add
		•	☐ Remove
			☐ Change
		47 / 7 / 44/2	Remove
			Change
			Add
			Remove
			Change
			Add To Add
			□ Remove
			Add
			□ Remove
			Chunge

This amendment removes Kately	ynn Hefner, manager, from the company Hefner Improven	nents, LLC.
	 	
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102		N. A. APPARENT
-		
	•	
- AND THE STATE OF		79-41-A-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-
	01/01/2016	
tive date, if other than the da	ite of filing:(optional)
If the date inserted in this block	e specific and cannot be prior to date of filing or more than 90 days to does not meet the applicable statutory filing requirements	after filing.) Pursuant to 605, this date will not be liste
ment's effective date on the Depa	rtment of State's records.	
ecord specifies a delayed e	ffective date, but not an effective time, at 12:0	01 a.m. on the earlie
e 90th day after the record	d is filed.	
		AC DE LES
	2015	
DECEMBER 30TH		
DECEMBER 30TH	· · · · · · · · · · · · · · · · · · ·	5776
		50 1 period
		(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
	nature of a member or authorized representative of a member	SS - F

Page 3 of 3

Filing Fee: \$25.00