15000210837

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	-
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	<u> </u>
		}

Office Use Only



600316428246

08/01/18--01007--025 ***BD.(8)

AUG - 8 2018 G. PRATHER

COVER LETTER

TO:		tion Section of Corporation	ons			
	HA	ARRISON'S B	ETTER BUILT HOME	S LLC		
SUBJE	CT:		Name of Limi	ted Liability Company		
			iment and fee(s) are sub-			
			SHON HAR	RRISON		
		_		Name of Person	<u></u> ,	*
			HARRISON'S BI	ETTER BUILT HOMES	LLC	
				Firm/Company		
			146 GONE FISHING	ST		
				Address	· · ·	
			WEWAHITCHKA, I	FL 32465		
				City/State and Zip Code		·····
			harrisonbetterbuiltho			
			E-mail address: (to be used for future annual	report notification)	
For furt	her inform	nation concern	ing this matter, please ca	ail:		
SHON HARRISON		850 at ()	850-541-5882			
		Name of Person	1	Area Code	Daytime Teleph	ione Number
Enclose	d is a chec	ck for the follo	owing amount:			
□ \$25	.00 Filing	Fee 🗆 S	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILING A	DDRESS:	STREE	I/COURIER AD	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- - C

HARRISON'S BETTER BUILT HOMES, LLC	•	AUG "T
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	:
The Articles of Organization for this Limited Liability Company were fi Florida document numberL15000210837		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
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 acregistered agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	e name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<u> </u>	'v	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
AMBR	TUTTLE, ERNEST M	6215 IVY RD	
		PANAMA CITY FL 32404	<u>≅</u> Remove
			Change
AMBR	BAILEY, MICHAEL	192 CHARLES AVE	Add
		WEWAHITCHKA, FL 32465	☐ Remove
			□ Change
			Remove
			□ Change
			Remove
			☐ Change
			Remove
			Change
			Remove
			Change

					-
	<u> </u>				-
		,			_
				-	-
					-
					_
					_
					-
					-
					_
					_
	-				-
					_
					_
					-
	4				-
ective date, if other than the date of filing:		(optic	nnal)		
effective date is listed, the date must be specific and cannot be p	rior to date of filing or n	nore than 90 days after	filing.) Pur	suant to 60	5.02
te: If the date inserted in this block does not meet the appument's effective date on the Department of State's reco		ig requirements, this	date win	not be fise	æu
record specifies a delayed effective date, but	not an effective	time, at 12:01 a	ı.m. on t	the earli	ier
he 90th day after the record is filed.					
ed July 27 . 20	18				
- 1 V 1 V - 2 C		•	P	<u></u>	
X Shon The	mas		4 ∙ <u>:</u>	7 C2	
Signature of a member or a	uthorized representativ	e of a member	•	ω <u>τ</u> .	
Shon Harr	rinted name of signee				
	rinted name of signee	 		.22.	٠,
t yped or p	fillied flame of signee			ထု	

Page 3 of 3

Filing Fee: \$25.00