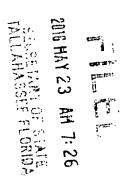
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Christophin gave permission to private to comple pg. 1 to process the filing.
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: 5	& C H	ted Liability Company	ment LLC
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
*)	John	Fick JK Name of Person	
		Firm/Company	
	9570		Ril
	Pensacola,	FL 32576 City/State and Zip Code	·····
	E-mail address: (t	o be used for future annual report notifica	ition)
For further information con	cerning this matter, please ca	ılı:	
John Fick Name of P	erson	at (650) 530- Area Code Daytime To	elephone Number
Enclosed is a check for the	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 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**

J & C HOME IMPROVEMENT, LLC

ART	ICLES OF AMENDMENT	
	TO	
ARTI	CLES OF ORGANIZATIO	
	OF	
J & C HOME IMPROVEMENT,LL		
(Name of the Limite	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on $\frac{03/02/1}{1}$	and assigned
Florida document number L16000043844	·	•
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	hla	
	·	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/o	r registered office address on our	r records, enter the name of the new
registered agent and/or the new registered off		<u> </u>
Name of New Registered Agent:		
Mante of New Registered Figure.		
New Registered Office Address:		
	Enter Florida si	reel adaress
		, Florida
	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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGP	Christopher I Lloyd	P.O. Box 1942	Z Add
		P.O. Box 1942 Honc Ker, VA 27260	□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
		-	Change
			Add
			G Remove
		La contraction of the contractio	Change
			Add 20 00 00 00 00 00 00 00 00 00 00 00 00
			Change
			Add
			Remove
			Change

1	John	Fic	K JR	give	Christopher	TLKN
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					ing requirements, this date	
ument's effe	ctive date on th	he Departn	nent of State's rec	ords.		
				t not an effective	time, at 12:01 a.m.	on the earlier
ne yuth d	ay after the	record is	s rilea.			
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			Mark	1/1/		2016 HAY 2
		/ Segnat	ture of a member or	authorized representati	ve of a member	
	/	' <i> 1 </i> -		-		ing 🗻 🖔
		<i>'</i>	Sohn t	printed name of signee		

Page 3 of 3

Filing Fee: \$25.00