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(Re	questor's Name)	
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SECRETARISSEE, FLORIDA

D. SCOTT MAR. 6 2017

COVER LETTER

TO:	Registration Section Division of Corpora				
SUBJI	ест: <u>у</u>	S. Renarable,	S LLC lited Liability Company	<u></u>	
The en	nclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.		
Please	return all corresponder	ace concerning this matter	to the following:		
	-		Lo Ston Name of Person		
	-		Ewell by LUC Firm Company		
	-		Pest Bulnetto Park	RL 4/06	
		Loca	Address Path Pt 231 City/State and Zip Code	133	
			City/State and Zip Code SZEOS ASE to be used for future annual report notif		SEOM T
For fur	rther information conce	rning this matter, please c			第-3 P
	Ido 8	Jen-	at (<u>\$61</u>)	3556	POR STATE
	Name of Per	son	Area Code Daytime	Telephone Number	5 to 15
Enclos	sed is a check for the fo	llowing amount:			
1 \$2	5.00 Filing Fee	1 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y

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

p.S.	Renovations LCC
(Name of the Limited Liah (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三
New Registered Office Address:	変型 い fn
	Enter Florida street address
	City Florida Zip Code 5

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 Title **Name** <u>Address</u> **Type of Action** Ido Stor 7280 W. Palnetto Pk BaAdd _□ Add □ Remove □ Change _□ Add ☐ Remove ☐ Change □ Remove ☐ Change ☐ Add □ Remove □ Change

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ffective	date, if other th	an the date o	of filing:				_ (optional)		
<u>lote:</u> If the	we date is listed, the che date inserted in a seffective date of	i this block doe	es not me	et the applic	able statutory	or more than 90 of filing requirement	lays after filing ents, this date	.) Pursuant to will not be	605.0207 listed as
e record The 90	d specifies a d th day after th	elayed effec ne record is	ctive da filed.	ite, but no	t an effecti	ve time, at 1	2:01 a.m.	on the e	arlier o
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		Signatu	ire of a me	ember or auth	orized represen	ative of a membe	r		•
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Filing Fee: \$25.00