160000 64208

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HARRIS

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Po	Box 387	quester's Name				
Mon	Ficello, FL City/State	255 quester's Name Address 850 32345 832 Zip Phone	2.8365			
					Office Use Only	,,
CORPOR	ATION NAME(S) 8	DOCUMENT NUMBER(S), (if known):			
1. <u>5/</u>	iletto No.	we Revolators orporation Name)	,uc		(Document #)	
2						
	(C	orporation Name)			(Document #)	
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٤	☐Mail out	☐Will wait	□Photocopy	, 🗆	Certificate of Status	

COVER LETTER

то:	Registration S Division of Co	ection rporations		•
SUBJE		ETTO HOME RENOVATORS	, LLC	
BOBIL		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	•	
			ADMINISTRATOR	
			Name of Person	
		STILET	TTO HOME RENOVATORS, LLC	
			Firm/Company	
			350 Lincoln Road, 2nd Floor	
			Address	
	•	N	Miami Beach, FL 33139	
			City/State and Zip Code	
		R-mail address: (to be used for future annual report notifi	ication)
For furt	ther information	concerning this matter, please ca		
			at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$2 5	5.00 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



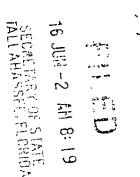
FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2016

CURIOR XPRESS

SUBJECT: STILETTO HOME RENOVATORS, LLC

Ref. Number: L16000064208



We have received your document for STILETTO HOME RENOVATORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00011328

SELECTION OF THE OF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STILETY	TO HOME RENOVATORS, LLC	
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability	Company were filed on March 31, 2016	and assigned
Florida document number L16000064208		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
		ZE is
Enter new mailing address, if applicable:		- ES
(Mailing address MAY BE A POST OFFICE BOX)		32 10 T
		<u> </u>
		98 C
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter</u> dress here:	the name of the nev
Name of New Registered Agent:	·	
New Registered Office Address:		
•	Enter Florida street address	
	, 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MPA CONSULT GROUP, LLC	350 Lincoln Rd., 2nd Floor	
	•	Miami Beach, FL 33139	□ Remove
			☐ Change
AMBR	WANDA WASHINGTON	520 NW 165th Street Rd, Ste 111	■ Add
		Miami, FL 33169	□ Remove
			☐ Change
AR	TAKIRA LUNDY	350 Lincoln Rd., 2nd Floor	
		Miami Beach, FL 33139	■ Remove
			Change
			□ Add
			Remove Change SSE
			Add. 1
	•		☐ Change
******			□ Add
	•		Remove
			Change

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<u>lote:</u> If the date inse	her than the date of filined, the date must be specific and order in this block does not a date on the Department of S	neet the applicable statt	filing or more than story filing require	(optional) O days after filing, ments, this date) Pursuant to 605 will not be list	5.02 ed
e record specifie The 90th day a	es a delayed effective of fter the record is filed.	date, but not an eff	ective time, a	: 12:01 a.m.	on the earli	er
ated	May 26	2016			16 SEC	
aut	· · · · · · · · · · · · · · · · · · ·	, Jan			JUN-	
,	Signature of a	member or authorized rep	resentative of a men	iber	MO TO	
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Page 3 of 3

Filing Fee: \$25.00