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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE DIVISION OF CORPORATIONS

Office Use Only

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COVER LETTER

TO: Registration So Division of Cor	ection porations		
SUBJECT:		San Hont Improve	MENT SERVICES, LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Korey Johnson		
		Name of Person	1.
	K D Johnson Home Impro	vement Services, LLC	
		Firm/Company	
	2519 Ridgewood Ave		
		Address	
	Sanford, Fl 32773		
		City/State and Zip Code	
	kdjuz10johnson@gmail.com		
		to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c	ali:	
Korey Johnson		502 650-1917	
Name of Person at () Area Code Daytime Telephone Numb		Telephone Number	
Enclosed is a check for the	he 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

K D Johnson Home Improvement Services, I		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n"LLC" or the abbreviation # L.C. ≥ 8
Enter new principal offices address, if applicable:		MAY
(<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	2 SARY COYE
		2 0 AIA
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registere	•	·

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	Paul Skillings	1424 Continental Dr.	■ Add
		Holly Hill, FL. 32117	Remove
			☐ Change
		M. did you co	Remove
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an effe	ve date, if other than the date of filing:	to 605,020 e listed a:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ 90th day after the record is filed.	earlier o
ated .	May 19th 2018	

Page 3 of 3

Filing Fee: \$25.00