## 1/6000 15/684

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K. SALY MAR 1 4 2017

## COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	BRITT Name of Lim	7 TIM HOME IN	MPROVEMENTS L.L.
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing	
Please return all correspon	dence concerning this matter	to the following:	
	BRITTAN	Name of Person	· 
		Firm/Company	
	302 sisco	Address	<del></del>
	Pomon G b ro a c E-mail address: (	Address  A PACL FC 32  City/State and Zip Code  Code S S S S S S S S S S S S S S S S S S S	mej/. Com
For further information co	ncerning this matter, please c		
BQ1T7AN Name of	IV REGELSHI Person	at (934) 67/ Area Code Daytime	39200 Telephone 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

Florida document number 1160005/164. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NIFTY THRIFTY SHOP L. L. C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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: FILED MGR = Manager 2017 MAR 13 PM 3 41 TALLAHASSEE, FLORIDA AMBR = Authorized Member Type of Action **Title** Na me Address □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

•	FILE
	2017 MAR 13 PM 3 4,
	SECULIE SECULIE
	TALLAHASSEE, FLORIDE
(If an e Note:	tive date, if other than the date of filing:
the report	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 2/22/2016.
	Signature of a member or authorized representative of a member
	BRITTAN REJULIANT Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00