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COVER LETTER

	sion of Cor				
SUBJECT:		TING & HOME IMPROVEM	ENTS LLC		
SUBJECT:		Name of Lim	ted Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.		
		ndence concerning this matter	_		
		IVONNE V RODRIGUEZ			
			Name of Person		
		ESPI PAINTING & HOM	E IMPROVEMENTS	1 6	:
			Firm/Company		į
		500 NW 16TH ST		16 SEP 10	
			Address	· · · · · · · · · · · · · · · · · · ·	7
		BELLE GLADE FL 33430			Ŧ.
		RODRIGUEZI22@HOTM	City/State and Zip Code AIL.COM		'n.
For further in	formation co	E-mail address: (to be used for future annual report πο	iffication)	
IVONNE V		-	561 9835360 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	iling 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESPI PAINTING & HOME IMPROV	EMENTS LLC	
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L16000169023		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
	33333 m	<u> </u>
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" o	r the abbreviation ¶.L.C.
Enter new principal offices address, if applicable	e:	SEP IS
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>
		2
		F: 24
Enter new mailing address, if applicable:		3
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or		enter the name of the nev
registered agent and/or the new registered offic	e address nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	гір Соае

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action **AMBR** IVONNE V RODRIGUEZ 500 NW 16TH ST BELLE GLADE **■** Add □ Remove ☐ Change □ Add 南 □ Сһадде ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be pock does not meet the app	olicable statutory filin	(optional) ore than 90 days after filing. g requirements, this date	Pursuant to 605.0207 (will not be listed as th
ne record specifies a delayed The 90th day after the rec		not an effective t	ime, at 12:01 a.m.	on the earlier of:
SEPTEMBER 13	2016			
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Filing Fee: \$25.00