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COVER LETTER

Division o	of Corporations			
3D H SUBJECT:	lome Pros, LLC			
30BJEC1:	Name of Limited Liability Company			
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.			
Please return all co	rrespondence concerning this matter to the following:			
	Angelia Michalak			
	Name of Person			
	3D Flome Pros, LLC			
	Firm/Company			
	1101 Blanding Blvd Ste 105			
	Address			
	Orange Park. FL 32065			
City/State and Zip Code				
	angie@3DHomePros.com			
	E-mail address: (to be used for future annual report notification)			
For further informa	ation concerning this matter. please call:			
Angie Michalak	904 616.8361			
	at () Name of Person Area Code Daytime Telephone Number			
Enclosed is a check	k for the following amount:			
□ \$25.00 Filing F	Fee \$\Bigsquare \\$30.00 \text{ Filing Fee & D\\$55.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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**

3D Home Pros, LLC				
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 10/13/2016 and assigned				
Florida document number L16000189940				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESSS) 9 2 1			
	ESSS) ESSS) ESSS 23 ESSS 23			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u>်င္</u> ပ်ပ			
D. If amonding the registered agent and/or register	ered office address on our records, enter the name of the new			
registered agent and/or the new registered office addre				
Name of New Registered Agent:				
New Registered Office Address:				
New Negistered 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
MBR	Chris McArthur	1101 Blanding Blvd Ste 105	
		Orange Park, FL 32065	■ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add Add Nove 23 Change 23 Change 12: 13
			
			□ Change
			□ Add
	•		☐ Remove
			Change
			
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f amending any other informat	on, enter change(s) here: (Attach additional	l sheets, if necessary.)
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	be specific and cannot be prior to date of filing or more to ck does not meet the applicable statutory filing re-	
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective time rd is filed.	e, at 12:01 a.m. on the earlier of:
Dated November 19	2016	
N. C.	heartare of a member of pathorized copresentative of a	member
· · ·	Angelia Michałak	
W-W	Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00