LICOCOLIRASA

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne) .
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		;





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SECRETARY OF STATE

n. SCOTT

COVER LETTER

	ision of Corporations						
SUBJECT:	All-Pro Home Improvem	ents LLC					
SOBSECT.		Name of Limite	d Liability Compa	ny			
The enclosed	Articles of Amendment	and fee(s) are submi	itted for filing.				
Please return	all correspondence conce	erning this matter to	the following:				
	Phillip D.	. Miles					
	 		Name of Person	on			
	All-Pro H	Iome Improvements	LLC				TI MIN -8 ALL FILLED
			Firm/Compar	у			
	3037 Sali	sbury Cove					
	<u>-</u>		Address				
	Oviedo F	L 32765					
			City/State and Zip	Code	*		
	philmiles7	2@yahoo.com	100	1	F		
For further in	formation concerning this	E-mail address: (to s matter, please call		annual report noti	ncation)		
Phillip D. M			407 at (3144260)		o =	
	Name of Person		Area Cod	e Daytim	e Telephone Number	NIT WAY	F.I.
Enclosed is a	check for the following a	imount:				SS -9	 [T]
\$25.00 F		Filing Fee & icate of Status	S55.00 Filing Certified Co (additional cop	ру	Certified C	ng Fee,	D

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

All-Pro Home Improvements LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	<u> </u>
(A I fortua Emitted Die	ionity company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 11/21/2016	and assigned
Florida document number L16000212959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbi	reviation "L.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 offi	ce address on our records, enter t	he name of the new
registered agent and/or the new registered office address here:		
Name of Navy Decistored Assets		SE .
Name of New Registered Agent:		图 夏 田
New Registered Office Address:	Enter Florida street address	
		AP & MD
 -	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		景を

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	Robert L. Lowe	619 LONG LAKE DRIVE	Add
		Oviedo FL 32765	Remove
			Change
	·		□ Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			ASSO L
			9/22-40 00 mm
		***************************************	Remove—
			Add
			☐ Remove
			Change.

of this company's assets, income	and liabilities.			
Current Assets include the 8x24	trailer along with all of t	he equipment and to	ols used by this LLC.	
				
				
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tive date, if other than the da ffective date is listed, the date must be	specific and cannot be prior	r to date of filing or mor	optional (optional e than 90 days after filing	g.) Pursuant to 605
If the date inserted in this block ment's effective date on the Depa			requirements, this date	e will not be liste
ecord specifies a delayed e				
ecord specifies a delayed e e 90th day after the record	ffective date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlie
e sour day after the record	r is med.			3335 C AU
d April 29th	2017	/		EST E
				7: 48 TATE ORIDA

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00