

116000233613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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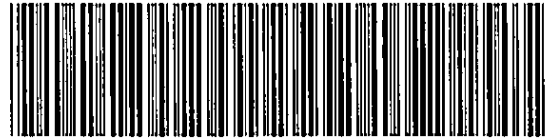
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N COOPER

JUN 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Renovation Station LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan McSwiggan
Name of Person

Firm/Company

1336 Juniper Lake Road
Address

Defuniak Springs, FL 32433
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan McSwiggan at (205) 753 8548
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Home Renovation Station

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12-29-16 and assigned Florida document number L160000233613

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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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

_____, 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>	<u>Address</u>	<u>Type of Action</u>
<u>mGR</u>	<u>Westey Barfield</u>	<u>1336 Juniper Lake Rd</u>	<input type="checkbox"/> Add
		<u>Defunick Springs, FI 32433</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>mGR</u>	<u>Cortney Hunter</u>	<u>1336 Juniper Springs</u>	<input type="checkbox"/> Add
		<u>Defunick Springs, FI 32433</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>mGR</u>	<u>Taylor Sweeten</u>	<u>3604 Betsy Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 4</u>	<input checked="" type="checkbox"/> Remove
		<u>PCB FI 32408</u>	<input type="checkbox"/> Change
<u>mGR</u>	<u>Travis Shutes</u>	<u>109 Seclusion Dr</u>	<input checked="" type="checkbox"/> Add
		<u>PCB, FI 32413</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Wesley Bartfield	1336 Juniper Lake Rd	<input type="checkbox"/> Add
		Defuniak Springs Fl 32433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Courtney Hunter	1336 Juniper Lake rd	<input type="checkbox"/> Add
		Defuniak Springs Fl 32433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Taylor Sweeten	3604 Betsy Lane	<input checked="" type="checkbox"/> Add
		Apt 4	<input type="checkbox"/> Remove
		PCB Fl 32408	<input type="checkbox"/> Change
MGR	Travis Shutes	109 Seclusion Dr.	<input checked="" type="checkbox"/> Add
		PCB Fl 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 25 2018

850010
Burl

Signature of a member or authorized representative of a member

Bryan McSwiggan
Typed or printed name of sign

Typed or printed name of signee