1170000045651

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COVER LETTER.

Division of Co	rporations					
endareve.	Inside Addition	ons Plus LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Jerome Harris				
	Name of Person					
	Inside Additions Plus LLC					
	Firm/Company					
6840 SW 27th court						
	Address					
	Miramar / Florida 33023					
	City/State and Zip Code harris8967@att.net					
	E-mail address: (to be used for future annual report noti	fication)			
For further information	concerning this matter, please co	all:				
Jerome Harris		786 251-2517				
Name	of Person	Area Code Daytin	ne 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:

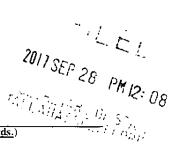
TO:

Registration Section

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



Inside Additions Plus LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/27/2017 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L17000045651 Florida document number 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) 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:

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

Enter Florida street address

, Florida

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
MGR	Harris, Jerome T	6840 SW 27th Court	
		Miramar Florida 33023	□ Remove
			☐ Change
AP	Williams, Eileen Y	10000 Olive Street	
		Miramar Florida 3326	■ Remove
			Change
			Remove
			Change
			D Add
			Pemove
			☐ Change
			O Add
			Remove
			□ Change

		
		
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	02/27/2017	
If an effective date is Note: If the date is	f other than the date of filing:	filing.) Pursuant to 605.0207 (
	cifies a delayed effective date, but not an effective time, at 12:01 a y after the record is filed.	.m. on the earlier of:
Dated	September 26, 2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00