

L17000045651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 SEP 28 PM 12:08
CLERK OF COURT
SALYASSETT, MA

K. SALY

SEP 29 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Inside Additions Plus 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:

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 notification)

For further information concerning this matter, please call:

Jerome Harris 786 251-2517
at ()
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**

Inside Additions Plus LLC

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

FILED
2017 SEP 28 PM 12:08
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/27/2017 and assigned
Florida document number L17000045651.

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: _____

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>
MGR	Harris, Jerome T	6840 SW 27th Court	<input type="checkbox"/> Add
		Miramar Florida 33023	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Williams, Eileen Y	10000 Olive Street	<input type="checkbox"/> Add
		Miramar Florida 3326	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-28-2011 BY 60322 UCBAW/STP/STP
11 SEP 28 PM 12:08

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2011-12
CITY OF CHICAGO
OFFICE OF THE COMPTROLLER
DEPARTMENT OF REVENUE

2017 SEP 28 PM 12:08
FILED
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK

E. Effective date, if other than the date of filing: 02/27/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 26, 2017

Signature of a member or authorized representative of a member

Jerome Harris

Typed or printed name of signee