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Special Instructions to	Filing Officer:	
		





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COVER LETTER

TO:		ration Sect on of Corpo				
CHDIE		LL SEASO	NS RENOVATIONS, LLC			
SUBJECT: Name of Limited Liability Company					pany	
The enc	losed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please n	eturn al	l correspond	lence concerning this matter	to the following:		
			NATHAN TYLER HENR	IQUES		
				Name of Pe	erson	
ALL SEASONS RENOVATIONS, LLC						
Firm/Compan			paný			
551 HUFFSTETLER DR, STE 2301						
				Address	5	
			EUSTIS, FL 32726			
			-	City/State and 2	Zip Code	
			E-mail address: (I	to be used for futur	re annual report notif	ication)
For furth	her info	rmation con-	cerning this matter, please ca	all:		
NATHA	AN TYI	LER HENRI	EQUES	617	780-4690	
Name of Person		at (Area C	ode Daytime	: Telephone Number		
Enclosed	d is a ch	eck for the	following amount:			
≘ \$ 25.	.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Fill Certified (additional o	ing Fee & Copy copy is enclosed)	☐ \$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			TREET/COURII			
		Į.	Registration Section Division of Corpora			
		2	Clifton Building 2661 Executive Cer			
				•	Γallahassee, FL 32.	301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL SEASONS RENOVATIONS, LLC (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 APRIL 3, 2017 and assigned Florida document number L17000072549 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

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.

City

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
OMT	HENRIQUES, LUIS	551 HUFFSTETLET DR, STE 230	D Add
		EUSTIS, FL 32726	
			Change
OMT	HENRIQUES, SHANIA CELINE	551 HUFFSTETLER DR, ETE 230	■ Add
		EUSTIS, FL 32726	Remove
			□ Change
			Петоче
			□ Change
			Change Change
			Particular III
			Change
		-	Remove
			Change

i amei	nding any other information, enter chang	ge(s) nere: (Allac	n adamonat sneets,	y necessary.)	
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	Signature of a memb	per or authorized repr	esentative of a member	<u> </u>	10 II I
					2017 JUL 3
	NATHAN TYLER HENRIQUES	ed or printed name of	ciones		
	יוָלִי	ca or prince name or	giice		
		Page 3 of 3		08107	75 STATE
	1	Filing Fee: \$25.	.00		· ~ 7