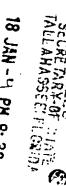
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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Mike & Sons Home I	mpragements, LLC
Name of Limited Lia	bility Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
<u>William</u> Gug	dalupe Name of Person
Mike & Son	s Home Improvements, L(C
2023 King.	s Crossing SW
Winter Have	N, FL 33880 /State and Zip Code
<u> </u>	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please call: Mike Guadatufe or Tiffany Guadatufe	(863) 944-3058
Tiffany Guadallipe	at (863) 701-5113
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\int \$60.00\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
Tailahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 5/1/2017 Florida document number L170000 96187 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.

f Changing Registored Agent, Signature of New Registered Agent

Page 1 of 3

Authorized Person(s) authorized to	thorized Person(s) authorized to manage, enter the title, name, and address of each person being	
anager		
Name	Address	Type of Action
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Filing Fee: \$25.00