U1700011743

(Re	equestor's Name) -	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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JUL 0 7 2017 J SHIVERS

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Name of Limi	ruction & Registed Liability Company	in ovations	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Anc	Irew Pine		
		Name of Ferson	enovations	cic.
	3656 ta	ckson St, #	RS	
	Port Oran	City/State and Zip Code 27860 yahoo to be used for future annual report not	. Com	
For further information of	concerning this matter, please ca	ıll:		
Andrew	Pine of Person	at (386) 675 Area Code Daytim	e Telephone Number	_
Enclosed is a check for t	he following amount:		/	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C9 \$60.00 Filing For Certificate of S Certified Copy (additional copy is	status &

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

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited	and Renovations L.L.C. any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000 [1793</u>	were filed on 05-30-2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
~ /A	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~ /A
(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 or registered agent and/or the new registered office address her	
Name of New Registered Agent:	MA
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	The same of the sa
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
lf Cha	inging 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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
MOR	Asia Corley	3656 Jackson St #1 Port Orange, F1 321	38 DAdd Same
		Port Orange, F1 321	2a Remove
			Change
	Andrew Pine	3656 Tackson St Port Orange, F132829	# B\$
OWNES		Port Orange, #132829	□ Remove
			Change
-	 		
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
	•		☐ Change
			□ Remove

	nding any other info		e and	AMBP	Felip	Robles
		Asie	· corred			
	Same,	Add	Andrew	Pine	AMBR	10wner
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·		·				
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						Andrew Branch Branch and Antonia Antonia Antonia
E ffectiv If an effe	re date, if other than	the date of filite must be specific a	ng:	2 - 201 2	(optional)	.) Pursuant to 605,0207 (3
Note: I	f the date inserted in that it is effective date on the	nis block does not	meet the applicable s	statutory filing req	uirements, this date	will not be listed as th
e reco	ord specifies a dela 90th day after the	ayed effective record is filed	date, but not an I.	effective time	, at 12:01 a.m.	on the earlier of:
Dated _	07-02-	Am	. 2017 Lun 9	7ni	L	ie Coc
		Signature of	a member or authorized	representative of a	nember	TALIA /
		<u> </u>	Typed or printed nam	ne of signee		200104

Filing Fee: \$25.00