

47000119893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

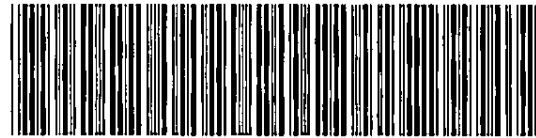
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Amanda  
N/C

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JEFF AND PATRICK'S HOME IMPROVEMENTS "L.L.C."

\_\_\_\_\_  
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:

JEFFEREY MCDONALD

\_\_\_\_\_  
Name of Person

JEFF AND PATRICK'S HOME IMPROVEMENTS "L.L.C."

\_\_\_\_\_  
Firm/Company

4780 KEYSER LN

\_\_\_\_\_  
Address

PACE, FL 32571

\_\_\_\_\_  
City/State and Zip Code

MC12MCDONALD@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFEREY MCDONALD

850  
at ( )

712-3436

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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:

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**

JEFF AND PATRICK'S HOME IMPROVEMENTS "L.L.C."

(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 05/31/2017 and assigned  
Florida document number L17000119893.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JEFF'S HOME IMPROVEMENTS "L.L.C."

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4780 KEYSER LN

PACE, FL 32571

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4780 KEYSER LN

PACE, FL 32571

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**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: JEFFEREY D. MCDONALD

New Registered Office Address: 4780 KEYSER LN

Enter Florida street address

PACE, Florida 32571

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>
AMBR	JEFFEREY D. MCDONALD	4780 KEYSER LN	<input type="checkbox"/> Add
		PACE, FL 32571	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JEFFEREY D. MCDONALD	4780 KEYSER LN	<input checked="" type="checkbox"/> Add
		PACE, FL 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated 1-13-2019.

Signature of a member or authorized representative of a member

Typed or printed name of signee