## 117001153258

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(Requestor's Name)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT: JOI	4N'S RENOV.	4 +: OMS	416	
30b3cc1		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	John H.	Name of Person		
	John's R	enovatie	215	
		Firm/Company		
	9529 Richer	nand (:	r	
	Born Raton	City/State and Zin G	33461	
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	<u>Jhhornandoz</u> E-mail address: (1	o be used for future an	nual report notificat	ion)
For further information of	concerning this matter, please ca			
-260	Hernandez	at 1 646	94484	156
Name o	Hornandoz of Person	Area Code	Daytime Te	lephone Number
Enclosed is a check for the	he following amount:	: 		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	у .	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:		EET/COURIER	ADDRESS:
	ration Section		stration Section	
	on of Corporations ox 6327		sion of Corporatio on Building	ons
	assee, FL 32314		Executive Center	Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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JOHN'S RENOVAT; ON'S 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 Jly 18, 2017 and assigned Florida document number <u>L170001</u>53258 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 "L.L.C." 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 Cirv 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

MGR = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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five date, if other that fective date is listed, the date If the date inserted in ment's effective date on	ate must be specific and this block does not r the Department of S	cannot be prior to neet the applicab state's records.	date of filing or me le statutory filing	requirements, t	ter filing.) Pursuan his date will not	be listed
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<u>Arm</u>	Signature of a	member or authori	zed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00