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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: latchwork Team Le.	modeling LLC ted Liability Company
The enclosed Articles of Amendment and fee(s) are subm	
Please return all correspondence concerning this matter t	o me following.
No Hloon	Name of Person
	Name of Person
Patchwork?	Team Lemodeling LLC Firm/Company ewood Drive Address
	Firm/Company /
8235 Hedge	ewood Drive
Jacksonville	City/State and Zip Code Cam/c@ gmai/-com to be used for future/annual report notification)
	City/State and Zip Code
Patchworkt E-mail address: (1	to be used for future/annual report notification)
For further information concerning this matter, please ca	
Matthow Lee	m (GAU) 451 2009
Name of Person	at (904) 451 2009 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 & □ \$60.00 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

Patchwork Team Remod.	elima LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.	
The Articles of Organization for this Limited Liability Company w Florida document number	rere filed on 9/19/17	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	tv company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	8680 Corporate Squ Unit 5 Jacksonville, FL 32	vare Ct
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 37	216
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8880 Corporate Squ Unit 5 Tacksonville, FL 3:	eare ct
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ice address on our records, enter th	
•		201
New Registered Office Address:	Enter Florida street address Florida	APR
New Registered Agent's Signature, if changing Registered Agent:	City Sold City	Zip Gode
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an are to overlies and I an are to overlies or in Chapter 605, F.S. Or is	milia⊭>vith and This Wocument is

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	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fred Becerra	3138 Logeo Road	
		Jacksonville, FL 32277	Remove
			Change
AMBR	Frank James Butt	129 Porta Rosa Cir	
		129 Porta Rosa Cir St. Angustine, FL 3309	2 ⊠ Remove
			Change
			Add
			☐ Remove
			Change
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_	ve date, if other than the	lock does not meet the	applicable statutory	1 30/8 (op g or more than 90 days af filing requirements, t	tional) ter filing.) Purstaint to 605.0 his date will not be listed	0207 d as
Note:		•				
Note: docum	ent's effective date on the f	d effective date in	out not an effect	ive time at 12:01	a milion the earlier	r of
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Note: document the rec	ent's effective date on the food specifies a delaye 90th day after the rec		out not an effect	ive time, at 12:01	.a.m. on the earlie	r of

Page 3 of 3

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