

L17000211390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

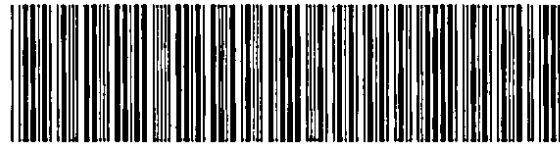
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GREGORY GENE REMODELING 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:

KENNETH W. MORRIS  
Name of Person

RE: GREGORY GENE REMODELING L.L.C.  
Firm/Company

5170 GIBSON LANE  
Address

Port Charlotte, FL 33981  
City/State and Zip Code

Kennymorris0211@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH W. MORRIS at (941) 681-1168  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Gregory Gene Remodeling  
(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 October 12, 2017 and assigned  
Florida document number L17000211390.

This amendment is submitted to amend the following:

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

SQUARE ADVANTAGE CARPENTRY & HANDYMAN SERVICE  
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)

ARRON Pickle LLC  
7368 ELSA Street  
Englewood, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ARRON PICKLE  
7368 ELSA Street  
Englewood, FL

**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:

ARRON PICKLE

New Registered Office Address:

7368 ELSA Street  
Enter Florida street address

Englewood, Florida 34224  
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>
MGR	Kenneth W. MORRIS	_____	<input type="checkbox"/> Add
		5170 Gibson Lane, Port Charlotte	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Kenneth W. MORRIS	_____	<input type="checkbox"/> Add
		5170 Gibson Lane, Port Charlotte	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I KENNETH W. MORRIS am notifying you in writing as requested to TERMINATE my partnership in GREGORY GENE REMODELING L.L.C. Organized under the laws of the State of Florida filed on October 12, 2017;

Document # L1700011390 per State of Florida Department of State tracking # CU2484543096.

Furthermore relinquishing me from all financial responsibilities, contacts, employees and clients associated with GREGORY GENE REMODELING L.L.C. effective immediately. I would also like to REQUEST notification in writing from your office proof and effective date of my official termination from GREGORY GENE REMODELING L.L.C. Your prompt attention to this matter is appreciated.

E. Effective date, if other than the date of filing: October 12 2017 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 13th 2017.



Signature of a member or authorized representative of a member

KENNETH W. MORRIS

Typed or printed name of signee