L17000219861

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AMENTION	GINA MCLE	50 D
•	COVER LETTER	
D: Registration Section Division of Corporations		
BURCE: PANHAN DE T	COME IMPROVE	FLORIDA LLC
he enclosed Articles of Amendment and fee(s) are so		
ease return all correspondence concerning this matter	er to the following:	;
•	N DOUCLAS Name of Person NE Home IN Firm Company OF N	APROVE MENTS N FLORIDA LLC
DONMI DONMI	STRONG ST OLA PL 325	
it further information concerning this matter, please	e call;	_
DON DOVGLAS Name of Person	at (SCO) — 63 Area Code Daytime T	etephone Number
losed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MHANOLE HOME The Articles of Organization for this Limited Liability Company were filed on Florida document number LID 000219861 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HOME IMPROVE MENTS The new name must be distinguishable and contain the words "Limited Liability Company," the designation 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) E H B. If amending the registered agent and/or registered office address on our records, enter the manie registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Cin Zip Code Sew 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.

Page 1 of 3

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>	Address	Type of Action
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