L17000223100

| (Requestor's Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEELFLORIO!

COVER LETTER

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TO:

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| | |) Resolution Home Improve | ements, LLC. |
| <u> </u> | Name of Limi | ted Liability Company | |
| Articles of A | Amendment and fee(s) are subr | nitted for filling. | |
| all correspoi | ndence concerning this matter t | to the following: | |
| | Victoria Skerritt | | |
| | | Name of Person | |
| | Resolution Home Improv | rements, LLC. | |
| | | Firm/Company | |
| | 220 Brookmeade Dr. | | |
| | | Address | |
| | Crestview, FL. 32539 | | |
| | | City/State and Zip Code | |
| | tlskerritt@gmail.com | | |
| formation c | | | t notification) |
| erritt | | 850 758-83 | 22 |
| Name of Person | | Area Code D | aytime Telephone Number |
| check for th | ne following amount: | | |
| iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Street Adáre Registration | |
| _ | | Division of | Corporations |
| | | | of Tallahassee onroe Street, Suite 810 |
| | formation carritt Name of the check for the | Name of Limi Articles of Amendment and fee(s) are subrall correspondence concerning this matter of the Victoria Skerritt Resolution Home Improved 220 Brookmeade Dr. Crestview. FL. 32539 itskerritt@gmail.com E-mail address: (formation concerning this matter, please concernitt Name of Person check for the following amount: filing Fee \$30.00 Filing Fee & Certificate of Status diling Address: gistration Section vision of Corporations D. Box 6327 | Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Victoria Skerritt Name of Person Resolution Home Improvements. LLC. Firm/Company 220 Brookmeade Dr. Address Crestview. FL. 32539 City/State and Zip Code ttskerritt@gmail.com E-mail address: (to be used for future annual report formation concerning this matter, please cali: artitt at 850 758-83 at (Area Code D) Check for the following amount: filing Fee \$\square\$ \$30.00 Filing Fee & Certified Copy readditional copy is enclosed City/State and Zip Code tskerritt The Centre Address: Street Address: |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florida Limited | pany as it now appears on our records. I Liability Company) |) |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------|
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000223100</u> . | y were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| Resolution Home Improvements. LLC. | | 51. 62 |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" | or the abbreviation "EL.C." |
| Enter new principal offices address, if applicable: | | ARC AR |
| Principal office address MUST BE A STREET ADDRESS | | SS - 2 |
| | | |
| Enter new mailing address, if applicable: | | 8: 10 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter tl</u> | he name of the new registe |
| Same of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | -ida |
| | , 1 101 | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = | Manager |
|--------|--------------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| te: If the date inserted in this block does not meet the accument's effective date on the Department of State's re | | statutory fil | ing require | ments, this | date will n | ot be list |
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Filing Fee: \$25.00