L17000239941

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(Ad	dress)	
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COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: C		Improvemented Liability Company	ots	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.		
Please return all correspond	ence concerning this matter t	to the following:		
	Cody	Tyler Robin	son	
	CTR 1	tome Improve	ments, LLC	
	3111 (Serona Drive	e East	
		City/State and Zip Code		
	E-mail address: (t	Home Imp@ o o be used for future annual rep	gmal.com Fort notification)	
For further information cond	cerning this matter, please ca	ш:		
Cody Tyler Name of Pe	Robinson	at (<u>904</u>) <u>4</u> Area Code	12-5798 Daytime Telephone Number	
Enclosed is a check for the f	following amount:			
□ \$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Status of 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

(Name of the Limited Liability Compania) (A Florida Limited Liability Compania)	y as it now appears on lability Company)	our records.)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000 239841</u>	were filed on 11-	20-2017	_ and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the design	nation "LLC" or the abbre	viation "L.l	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			1 8	<u>×</u> ,∠
		<u> </u>		<u> </u>
			12	1357m 1272
Enter new mailing address, if applicable:		···	<u>></u>	· · · · -
(Mailing address MAY BE A POST OFFICE BOX)			9	<u> </u>
			22	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		r records, enter the	: name (of the new
New Registered Office Address:	Enter Florida s	treet address		.
	Florida			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent;				
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 publication being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my rovided for in Cha <mark>j</mark>	duties, and I am fam pter 605, F.S. Or, if t	iliar with his docui	n and ment 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 $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Kingston	20 Millie Drive	≱ Add
		Jacksonville Beach, FL	3 2250 □ Remove
			Change
			
			Remove
			☐ Change
			☐ Add
			☐ Remove
			Change
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earli	ier o
ated July 2nd . 2018.		
Chair		
Signature of a member or authorized representati	ve of a member	

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Filing Fee: \$25.00