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May 2014

2021 SEP 13 PM 4: 37
SECRETARY OF STATE
THANKS SEEL FIRM

COVER LETTER

	tration Section on of Corporations	
	CIR Home]	Emprovements LLC
SUBJECT: _	Name o	f Limited Liability Company
The enclosed A	Articles of Amendment and fee(s) are	e submitted for filing.
Please return al	If correspondence concerning this m	atter to the following:
	<u></u>	dy Robinson Name of Person
	CTP	Home Improvements LLC
	<u>3111 Ge</u>	urona Dr. E.
		Audicss
	<u>Jo</u>	City/State and Zip Code
	N-75	City/State and Zip Code
	E-mail addr	ZHOME IMP@gmail.com ress: (to be used for future annual report notification)
For further info	ormation concerning this matter, ple	ase call:
Cod	ly Robinson	at (904) 412-5798 Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Unclosed is a cl	heck for the following amount:	
\$25.00 Fili	_	© \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
(325.00 Pili	Certificate of Stati	· · · · · · · · · · · · · · · · · · ·
<u>Mailir</u>	ng Address:	Street Address:
-	stration Section sion of Corporations	Registration Section Division of Corporations
	Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CTR Home	Improvements	2021 SEP 13 PM 4: 37
(Name of the Limited	iability Company as it now appears or Florida Limited Liability Company)	TALLAHASSEE, FLORE
The Articles of Organization for this Limited Liabi Florida document number <u>L 1700023</u>	lity Company were filed on 189841	2017 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET)	1DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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
MGR	Andrew Ball	1304 15th Ave N	
		Jacksonville, FL 32250	Remove
			Change
MGR	Aaron Whitmarsh		□ Add
		Jax - Bch - FL 32250	Remove
			□Change
			□ Adđ
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
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_	
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(If an effective Note: I	te date, if other than the date of filing:
(b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _(Sept. 9th 2021
	Signature of a member or authorized representative of a member
	Cody Robinson Typed or printed name of signee
	Typed or printed name of signee

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