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SECRETARY OF STATE
TAN LAHASSEF, FLORIDA

S. WARREN FEB 0 9 2018

COVER LETTER

Division of Corporations
SUBJECT: JOHNSON HOME IMPROVEMENT LLC' 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:
DANIEL C. JOHNSON Name of Person
Firm/Company
4616 N. CLARE WOOD AVE
PRORIA EL 61614 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANIEL JOHNSON at (321) 697-6297 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & 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

	PROJEMENT "LLC"
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 18 0000 3693</u>	ny were filed on 1-4-2018 and assigned
This amendment is submitted to amend the following:	
,	N. 114
A. If amending name, enter the new name of the limited list	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3128 HONEOYE TRAIL
(Principal office address MUST BE A STREET ADDRESS)	LAKELAHD FL 33810
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
P. If amonding the registered agent and/or registered	office address on our records, enter the name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:	office address on our records, <u>enter the name of the new</u> ere:
registered agent and/or the new registered office address h	ere:
Name of New Registered Agent:	
Name of New Registered Agent:	ere:
Name of New Registered Agent:	Enter Florida street address , Florida City Zip Code

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

Type of Action Title <u>Address</u> Name DANIEL JOHNSON 4616N.CLAREWOOD AVE KAdd
PROPIA IL 61614 - Reme MGR ☐ Change □ Add ☐ Remove ☐ Change __ 🗆 Add □ Remove _D Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00