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Special Instructions to	Filing Officer:	

Office Use Only



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HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>JB Home Improvements</u> <u>LLC</u> 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:	
Julie M. Brown Name of Person	
JB Home Improvements LLC Firm/Company	
5032 East Lake Rd. Address	
Milton, FL 32583 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (850) 382-4481 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sim \text{Certificate of Status}\$ \$\square \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$\square \text{\$60.00 Filing Fee, Certificate of Status & 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

JB Home H (Name of the Limite	Mproven d Liability Compa	nents, LLC any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Lia lorida document number L 180000	bility Company	were filed on $\frac{2}{100}$		ssigned
his amendment is submitted to amend the follow	wing:			
. If amending name, enter the new name of	the limited liab	oility company here:		
NA				
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "	L.L.C."
nter new principal offices address, if applica	ble:	NA	3	
Principal office address MUST BE A STREET	(ADDRESS)			<u> </u>
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nter new mailing address, if applicable:		NA		K H
Mailing address MAY BE A POST OFFICE BOX)) A
			.₹°.	
If amending the registered agent and/ogistered agent and/or the new registered off Name of New Registered Agent:	•		records, enter the name	e of the
New Registered Office Address:				
		Enter Florida stree	t address	
			, Florida	
		City	Zip Code	e

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, 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
AMBR	Joseph F. Brown	5032 East Lake Rd. Milton, FL 32583	Add
			Remove □ Change
AMBR	Julie M. Brown	5032 East Lake Rd. Milton, FL 32583	
	·		Remove
			Add
			□ Remove
			Change
			□ Add
			Change
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fective date, if other in effective date is listed, the ote: If the date inserted becument's effective date	ne date must be specific at lin this block does not	and cannot be prior to t meet the applicab	date of tiling or more	e man 90 days after	filing.) Pursuan	it to 605.020 be listed as
	delayed effective the record is filed		an effective tin	ne, at 12:01 a	a.m. on the	earlier o
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e record specifies a The 90th day after ated	28 July Manature of	2018 Enouga member or authorize) wed representative of	f a member		2010 NAR -S P

Page 3 of 3

Filing Fee: \$25.00