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2018 JUN - F AM 6: 112

J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: F	Fe and Pober	S LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Danjel P	barts Name of Person	
	Roberts Re	emodel Solutions	s, LLC
	4990 La	MYCL St. Address	
	middleb	urg Fl 32068	
	Fife and E-mail address: (City State and Zip Code City State and Zip Code COBURTS A UMAIL. to be used for future annual report notifi	<u>cation)</u>
For further information co	ncerning this matter, please ca		
Daniel Poly Name of	ertS Person	at (<u>904</u>) <u>35 2</u> Area Code Daytime	4056 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3.15.2019 and assigned Florida document number <u>L180000 68 588</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

If amending Authorized Person(s) authorized to manage	ge, <u>enter</u>	the title.	name,	and ad	dress of e	each person	being a	dded
or removed from our records:								

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Brian Fife	8716 Poppy Ct.	
		8716 Poppy Ct. Middleburg, FL 32068	Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
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			D Add
			□ Remove
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			Remove
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