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Carlos Tall

## **COVER LETTER**

Division of Corporations	
SUBJECT: Leigh's Custom Remodeling 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:	
Billy Shirky Name of Person	
Lughs Custom Remodeling LLC	·
9807 Novarre Parkway Address	22 Ellie Carte
Navarre FL 32566	181
City/State and Zip Code  by Whirley 92 @ amail. com  E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	, 1
Billy Mrley at (850) 533-3	3242 ime Telephone Number
Enclosed is a check for the 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

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L1800012008</u>	, ,	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	, , , , , , , , , , , , , , , , , , ,
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter</u> <u>e address here</u> :	the name of the new
Name of New Registered Agent:		五尺
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Gode

## 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 Title **Address** Type of Action <u>Name</u> AMBR Kasey Leigh Marshall 9807 Khvarre Parkway Havarre FL 32566 \_□ Add ☐ Remove □ Change \_□ Add □ Remeg ☐ Chang □.Àdd 🗆 Remove 🙃 □ Change □ Add ☐ Remove ☐ Change  $\square$  Add ☐ Remove

☐ Change

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(If an effe Note:	ve date, if other than ective date is listed, the date If the date inserted in the ent's effective date on the	must be specific a is block does not	nd cannot be prior meet the applic	able statutory filing	(opti ore than 90 days after requirements, thi	r filing.) Pursuant	to 605.0207 (. e listed as tl
the rec ) The	ord specifies a dela 90th day after the	yed effective record is filed	date, but no I.	t an effective t	me, at 12:01	a.m. on the $\epsilon$	earlier of:
	October 26		2618	//			

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Typed or printed name of signee

Filing Fee: \$25.00