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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: MX C	Ofther Home reform	clamine and lar	rdscoping services LLC.
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LESKY	Doc/Eu 5	
		Firm/Company	
	GAULKING O	end at	
	6741 King R	Address	
	Orlando H	ORIGH 32810 City/State and Zip Code OOO YAHOPOCOM to be used for future annual report not in	
	1	City/State and Zip Code	
	LDOR/GUS 1	000 VAHOP&COM	fication)
For further information of	concerning this matter, please c		
/			
125/4	DOR/GUS	at (<u>407</u>) <u>620 –</u> Arca Code Daytim	8331
ivaine (or retson	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroo Tallahassec, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MX Califul Home Refair, Clienting and Landscoping services LLC. The Articles of Organization for this Limited Liability Company were filed on $\frac{06/04/2018}{}$ and assigned Florida document number <u>L 1800013.73.68</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Calibal Home Renovation, LhC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 , Florida City

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Remove
			Change
			□Add
		<u>_</u>	□Remove
			□Change
		_	□Add
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		-	□Remove
			Change