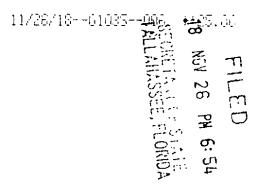
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## **COVER LETTER**

	Registration Se Division of Cor					
SUBJEC	2003 Robin	ison, LLC				
зовят.	·	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Christina Graves				
		<u></u>	Name of Person			
			Firm/Company			
		5601 Bay Street NE			₩ <del>8</del>	
		Saint Petersburg, FL 33701	Address 3		NOV 2	77
		ehrislee I 2@inc.com	City/State and Zip Code		6 PH	UBLI
For furthe	er information e	E-mail address: (	to be used for future annual report notif	ication)	6: 54 ORIDA	
Christina	Graves		602 410-3789			
	Name o	f Person		: Telephone Number	<del></del>	
Enclosed	is a check for t	he following amount:				
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2003 Robinson, LLC (Name of the 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  $\frac{10/31/2018}{2}$ \_\_ and assigned Florida document number L18000255745 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: New Start Renovations, LLC 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

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	□ Change
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