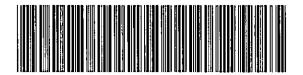
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(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
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APR 15 2020

COVER LETTER

TO:				
CHDICA		ME IMPROVEMENT LLC		
SUBJEC	J1:	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JAMES L. WOOD		
			Name of Person	*** • , ·, ·, ·, · · · · · · · · · · · · ·
		BLW HOME IMPROVEN	MENT LLC	
			Firm/Company	
		2913 PAR RD		
			Address	
		SEBRING, FL 33872		
		BLWHOMEIMPROVEME	City/State and Zip Code	
BLW HOME IMPROVEMENT 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: JAMES L. WOOD Name of Person BLW HOME IMPROVEMENT LLC Firm/Company 2913 PAR RD Address SEBRING, FL 33872 City/State and Zip Code BLWHOMEIMPROVEMENT@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAMES WOOD Name of Person 863 633-8951 Area Code Daytime Tetephone Number Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (edditional copy) is enclosed)	fication)			
For furth	er information o	concerning this matter, please c	all:	
JAMES	WOOD			
_	Name o	of Person		e Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status &
				ction
	District of C		Division of Co-	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLW HOME IMPROVEMENT I	.LC	
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records,)
he Articles of Organization for this Limited I		/06/2018 and assigned
lorida document number L18000260681	·	
his amendment is submitted to amend the fol	llowing;	
a. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
inter new principal offices address, if appli	icable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	
		2020 ALL SEC
		AP.
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
		25 96 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 If amending the registered agent and/or gent and/or the new registered office address. 		ecords, enter the name of the Rew registe
	•	
Name of New Registered Agent:	BARBARA WOOD	
New Registered Office Address:	2913 PAR RD	
	Enter Flo	rida street address
	SEBRING	, Florida 33872
	City	Zip Code

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.

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
MGR	JAMES L. WOOD	321 E PHOENIX ST	
		LAKE PLACID, FL 33852	□Remove
			■Change
	AMANDA E. McGATHEY	140 CUMQUAT RD NW	
		LAKE PLACID, FL 33852	■ Remove
			☐ Change
			□∧đd
		.	□Remove
			2020 APR -
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			□Add
			□Remove
			□ Change

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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date. Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	of filing or more than 90 days:	optional) after filing.) Pursuant to 60 , this date will not be lis	95.020 sted a
record specifies a delayed effective date, but not an effective time, at d is filed.	12:01 a.m. on the earlier of	f: (b) The 90th day aft	er the
March, 23 2020			
valeu			
Signature of a member or authorized re	epresentative of a member		

Filing Fee: \$25.00