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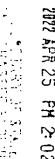
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JUN 10 2022

M. SOLOWOR

## COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: His + Hev's Quality Remodeling LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Kimberly Parkouch Name of Person
Firm/Company
8442 San Juan Calzada
Persacola, FL 32507 City/State and Zip Code
The details of the contract of
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Kimberly Parkoych at (850) 288-8303  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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  Street Address:  Registration Section  Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	ir records.)	<del></del>	
The Articles of Organization for this Limited Liability Compar	ny were filed on	3/2018	and assigned	i
Florida document number L18000 at4811.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	ion "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:			(	2022
(Principal office address MUST BE A STREET ADDRESS)				<del></del>
			······	<b>™</b> 
			-1	Ú.
Enter new mailing address, if applicable:			ටල: ්ර	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				PM 2: 0:
			•••	2.0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record:	s, <u>enter the name</u>	of the new reg	istere
Name of New Registered Agent:				
New Registered Office Address:			_	
	Enter Florida stre	ret address		
		, Florida		
	City		Zıp 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.

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	Josh Pavkovich	quya San Jan Calzada DAdd		
		Pensacola FL 32507	□Remove	
			l <b>x</b> /Change	
mgr	Kimberly Pavkovich	n 8442 San Juan Calzac	la Cladd	
		Pensacola, Fl 32507	□Remove	
			XChange	
			□Add	
			ERémove 202	
			□Remove Remove RP APR	
			□ Remove $ abla$	
			DChange	
			DAdd	
			□Remove	
			□Change	
			□ Add	
			□Remove	

□Change