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FEB 0 8 2019 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TUNSTAL SUBJECT:	L IMPROVEMENTS LLC	ited Liability Company			
		, , ,			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	KELLEY TUNSTALL				
Name of Person TUNSTALL IMPROVEMENTS LLC					
	8540 SE 66TH CIRCLE	Firm/Company			
	KELLEYTUNSTALL@GMAI	City/State and Zip Code L.COM			
For further information	E-mail address: (concerning this matter, please co	to be used for future annual report	notification)		
KELLEY TUNSTALL		352 949-424			
Name	of Person	at () Area Code Da	ytime 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)		
Regis	LING ADDRESS: tration Section on of Corporations	STREET/CO Registration So Division of Co			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUNSTALL IMPROVEMENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number _____L18000283466 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> KYLE TUNSTALL	Address 8540 SE 66TH CIRCLE	Type of Action
MGR		BO40 SE OUTH CINCLE	_
		TRENTON, FL 32693	
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If an ef Note:	tive date, if other than the fective date is listed, the date in this nent's effective date on the	must be specific and s block does not n	l cannot be prior to neet the applicat	date of filing or more	than 90 days after fil	ing.) Pursuant to 605,020
he re The	cord specifies a delay e 90th day after the r	yed effective d ecord is filed.	late, but not	an effective tim	ne, at 12:01 a.r	n. on the earlier o
Dated	JANUARY 28		2019			
		-2.111	TIVES	Par ()		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00