# L190000 22842

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Estationary Teams)
(Document Number)
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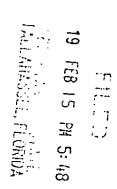




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FEB 2 1 2019 S. YOUNG



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Allew	S all around Name of Lim	L Home Improvedited Liability Company	men +
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Allen A	Crowell Name of Person	
	Allen's all	around Home ]	inprovence t
	_11608_ w.	Il house PR	
	Thono to sas	Sa FLavida 33 City/State and Zip Code / 1966 a 6 - mail. Co to be used for future annual report notif	592
	_ allen Conwal E-mail address:	/ 1966 a 6 - ma:/. Co to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Allen Crown	c/1f Person	at ( <u>8/3</u> ) <u>425-</u> Area Code Daytime	1296 Telephone Number
Enclosed is a check for th	ne 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 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 Tallahassee, FL 32301

To Whom: H may Concern Tebury 12, 2019

Pouglas Mcmillion is being taken off the Company (Allen's all around home Improvem that he will no Longer be on the entity Name. That was listed when the Company was Filed. January 28, 2019

vice President allen Gonell

Aller 5 all around home Improvemen LLC

Licence # L 190000 22862

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allen 3 all avound How  (Name of the Limited Liability Company (A Florida Limited Lia	me Improve ment y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on <u>January 28</u>	20/2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Allen 5 all around Home. The new name must be distinguishable and contain the words "Limited Liability	Tmprocrement y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11608 wild horse	PR
(Principal office address MUST BE A STREET ADDRESS)	Thouato Sassa FL	
	335	<u>92</u>
Enter new mailing address, if applicable:		19 F
(Mailing address MAY BE A POST OFFICE BOX)		# <b>B</b> F
B. If amending the registered agent and/or registered affi	ice address on our records, ente	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	e da la company de la company	7: 48 RIUA
Name of New Registered Agent: A//en	11 Crowe//	
New Registered Office Address: 1/60	Enter Florida street address	
Thorse	i Sa SSa , Florida _	33592
New Registered Agent's Signature, if changing Registered Agent:	Su.	ay Son

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
<u>VMG</u> R	pouglas Memillion	11608 W. Ich horse DR	D Add
		Thonotosassa FL 33592	■ Remove
			Change
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•	<del></del>
Note:	five date, if other than the date of filing: 2004 (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
_	Jebuary 12, 2019.
Datec	
Datec	Colle H Crossell Signature of a member of authorized representative of a member

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Filing Fee: \$25.00