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2011 FEB 21 P & 15

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COVER LETTER

TO: Registration Section Division of Corporations	1
SUBJECT: EXECUTIVE BUTLER Name of Limited	HOME IMPROVEMENT "LLC"
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
CHARLES	Name of Person
EXECUTIVE BUTLES	R HUME IMPROVENT "LLC" Firm/Company
22 FORDNE	Y PLACE Address
Paum Covast	FL 32137 City/State and Zip Code
E-mail address: (to b	chold@GMAIL,Com ne used for future annual report notification)
For further information concerning this matter, please call:	
CHARLES SCHOLD	at (386) 276 - 5171 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Sand Status Sand Status	□ \$55.00 Filing Fee & □ \$60.00 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	STREET/COURIER ADDRESS: Registration Section

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

The mate Diving it.	o	we LEILED
Name of the Limited Liability Co.	ME MAKINEME	w our records
EXECUTIVE BUTLER HOW (Name of the Limited Liability Co) (A Florida Limit	ted Liability Company)	2019 FEB 21 P & 16
The Articles of Organization for this Limited Liability Compa	any were filed on <u>\$100</u>	AM STEAT RAME Cambrassigned
Florida document number <u>L19000032589</u> .		'FALE'AHASSEE, FLORIDA'
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here	:
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ur records, <u>enter the name of the 1</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	i street address
		Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member **Title Address** Type of Acti <u>Name</u> FRANCIS RICHARD REPOZA MGR 22 FORDNET PLACE Prom CO:AST FL 32137 DE Add ☐ Remove □ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove ____ Change □ Add ☐ Remove

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□ Remove

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E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated FEBRUARY 18th 2019. Signature of a member or authorized representative of a member
CHARLES C. SCHOLD Typed or printed name of signee

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Filing Fee: \$25.00