119000032589

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JAN 31 2020 S. YOUNG

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
subject: <u> </u>	Name of Limit	Home Timprover	yent LLC
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
		Name of Person	
	Executing	Butter Home	Emprisement CCC
	22 F	Craney Paré	
	Palm Coas	City/State and Zip Code	32/37
		o heused for future annual report noti	
For further information co	oncerning this matter, please ca	all:	
Francis R Name of	Spc ZG Person	at (386) 562 Area Code Daytim	6128 e Telephone Number
Enclosed is a check for the	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 Addres Registration S		Street Address: Registration Se	ction
Division of C P.O. Box 632	orporations	Division of Cor The Centre of	rporations
E.O. DOX 032	. 1	THE COME OF	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exelutive Buller (Name of the Limited Liabil	Home Improvement	十二二二二
(A Florid	ity Company as it now appears on our records. a Limited Liability Company)	TORS TO
The Articles of Organization for this Limited Liability (Company were filed on [-3]-19	end assigned
Florida document number <u>L 140000 32589</u>	1.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registerengent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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	Charles C Schold	1474 Berry bush st Bunnell FL	
			Remove
			□Change
AR	Darcy L Schold	147-1 Beorg buch st. Bunnell Fl. 321	I <u>O</u> □Add
			(CRemove
			□Change
			□Add
			□Remove
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an effe lote: I	re date, if other than the date of filing:
record I is file	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 d.
ated _	January 4th 2020. Line of a member of authorized representative of a member
	A dian
	Signature of a normber or authorized representative of a member

. . . .

Filing Fee: \$25.00