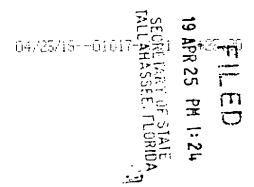
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COVER LETTER

ТО:				
CHD IP		ONS RENOVATIONS LLC		
SUBJE	C1:	Name of Lin	nited Liability Company	
			-	
Please r	eturn all corresp	ROY ROBINSON	to the following:	
Name of Person				
		1155 RICH BAY RD	Firm/Company	
		HAVANA, FL 32333	Address	
			City/State and Zip Code	
	Division of Corporations ROBINSONS RENOVATIONS LLC JECT: Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: ROY ROBINSON Name of Person Address HAVANA, FL 32333 City/State and Zip Co E-mail address: (to be used for future and curther information concerning this matter, please call: (ROBINSON Name of Person Name of Person Name of Person Name of Person RESO Area Code Desed is a check for the following amount: (25.00 Filing Fee	to be used for future annual report notif	ication)	
For furt	her information	concerning this matter, please co	all:	
ROY R	ROY ROBINSON Name of Person			
	Name	of Person	Area Code Daytimo	: Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$25	.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, El. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBINSONS RENOVATIONS LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we lorida document number <u>L19000036652</u> .	ere filed on FEBRUARY 5, 2019 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	7A 19
-	- C
nter new mailing address, if applicable:	SSE SSE
Mailing address MAY BE A POST OFFICE BOX)	
-	10 KIN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. If amending the registered agent and/or registered offic egistered agent and/or the new registered office address here:	ce address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> MGR	<u>Name</u> RICHARD GARRETT	Address 3829 CATSLEBERRY DR	Type of Action
		TALLAHASSEE, FL 32303	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filingote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	(optional) Ig or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be list	5.0207 (3) ted as the
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli	er of:
Rey Roy Signature of a member or authorized represent		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee