

L190000 44692

(Requestor's Name)

(Address)

(Address)

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MAR 08 2019

S. YOUNG

COMPLETION

TO: Registrar General
Division of Corporations

SUBJECT: Hurst Home Restorations LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following

Justin Hurst
Name of Person

Firm/Company

1030 Tudor Ln
Address

Titusville, FL 32780
City/State and Zip Code

Ilovegators123@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Hurst
Name of Person

at (321) 684-0211
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| ☐ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$45.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

MAIL ROOM A-100
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAIL ROOM A-100
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE OF ORGANIZATION
FOR
A LIMITED LIABILITY COMPANY

Hurst Home Restoration's LLC
(Name of the Limited Liability Company)
A Florida Limited Liability Company

The Articles of Organization for this Limited Liability Company were filed on 2/13/14 and assigned
File Number L19000044692

The amendment is submitted to amend the following

A. Changing name, enter the new name of the limited liability company here

Hurst Supreme LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

State new principal office address, including zip code
(Florida only address MUST BE A STREET ADDRESS)

State new principal office address, including zip code
(Mailing address MAY BE A PO BOX OFFICE BOX)

B. Changing the person or persons who are registered office address or, if necessary, enter the name of the new
registered agent and the new registered office address here

Name of New Registered Agent

New Registered Office Address

Enter Florida street address

City

Zip Code

Zip Code

New Registered Agent's Consent, (Required for 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 the law relating to the proper and complete performance of my duties, and I am familiar with and
understand the powers of my position as registered agent as provided for in Chapter 605, F.S. On this day of _____
being filed, I hereby accept and agree to the registered office address, I hereby confirm that the limited liability
company, _____, is a valid entity under the laws of the State of Florida.

I, _____, Changing Registered Agent, Consent of New Registered Agent

Signature

D. If amending any other information, enter change(s) here. (Attach additional sheets, if necessary.)

[This section is crossed out with a large X.]

E. Effective date, time and date of filing

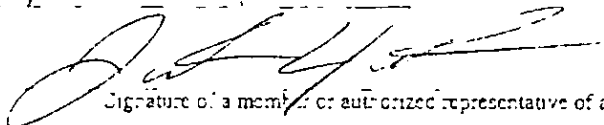
(signature)

(If an effective 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 505 C207 (3), b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (5) The date(s), after the record is filed

and 2-22-19



Signature of a member or authorized representative of a member

Justin Hurst

Typed or printed name of signer