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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tracey Goldstein Name of Person
Property Renovations & Construction, un
2500 5 Harber Cety Bluch
Melbarrhe, FC 32901 City/State and Zip Code
Provendors @ profia com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tracey Goldstein at (321) 421-6374 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L</u>1900009505 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

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 Title Name **Address Type of Action** Randall B Haire Slets Sylvan Dr nad Melbovine FL 32904 Remove ______ n Cn ange MGR Randall B Haire Melborne I 32504 - Remove Change Kimberly Haire Sols Sylvan Dr Melbirre, FL 32904 Remove ☐ Change AMBR Kimberly Haire Sleis Sylvan Dr. Jado ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

Change

Note	effective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.
	ed April 26 . 2019.
Date	v
Date	Restrict Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00