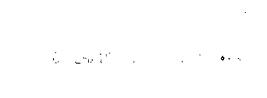
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(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

	Registration Se- Division of Cor		•			
CUBIC		ME IMPROVEMENTS LLC				
SUBJE						
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please r	etum all correspo	ndence concerning this matter	to the following:			
		Salvador Perez				
			Name of Person			
	PEREZ HOME IMPROVEMENTS LLC					
		NAPLES, FL 34116				
			City/State and Zip Code			
		comvloca@hotmail.com E-mail address: (to be used for future annual report notif	fication)		
For furt	her information co	oncerning this matter, please co	all:			
Berenic	e Garcia		239 465-7848			
	Name of	Person		e Telephone Number		
Enclose	d is a check for th	e following amount:		0P.A.F.		
□ \$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 ADDRESS:

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{-04/05/2019}$ and assigned Florida document number _L19000095404 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 "L.L.C." 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

> _, Florida Cirv

New Registered Agent's Signature, if changing Registered Agent:

PEREZ HOME IMPROVEMENTS LLC

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	BERENICE GARCIA	2031 55TH STREET SW Naples FL 34116	B Add
			• Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
		-	
			□ Remove
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		····
	06/01/2019	
ffective date, if other than th	e date of filing:	(optional)
an effective date is listed, the date m Note: If the date inserted in this locument's effective date on the	lock does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.0207 (tutory filing requirements, this date will not be listed as the
e record specifies a delaye The 90th day after the re		ffective time, at 12:01 a.m. on the earlier of:
June 20	2019	
	9.52	
	Signature of a member or authorized re	presentative of a member
	rador Perez - MGR	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00