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JUN 1 8 2019 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	a Carthy Ho	me Improven ited Liability Company	unt Services U
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		McCarthy Name of Person Home Impro	rement Services
	7812 Jenr		
		Richey, FL City/State and ZipCode Shis @ gma/ The used for future annual report notifi	
For further information ec	oncerning this matter, please co	all:	
Selly M Name of	Carthy Person	at (<u>737</u>) <u>236</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)
	NA ABBREE	PTD PTT (MALITAN	

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCCARTHY HOME	IMPROVEMENT	SERVICES	LLC
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(<u>Name of the Limited</u>	<u>Liability Company as it now app</u> Florida Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited Lial Florida document number <u>L 1900 01</u>	oility Company were filed on 16440	4/30/2010	/_ and assigned	1
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," t	ie designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applical	nle:			
(Principal office address MUST BE A STREET	.4DDRESS)	· · · · · · · · · · · · · · · · · · ·	<u>9</u> 100 1	
			<u> </u>	<u> </u>
Enter new mailing address, if applicable:			SSEE	Π
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here:			<u>1е пеж</u>
Name of New Registered Agent:	- Bober	t McCard enner Ave	1/24	
New Registered Office Address:	Fastare	Elavida emaer addmis		
	New Port Riv	hey Florida	3465 Zip Code	<u>5</u>

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.

Mon A. Z. The If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being acor removed from our records</u>:

MGR = M $AMBR = M$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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if an effective c <u>Note:</u> If the	e, if other than the dat ate is fisted, the date must be late inserted in this block ffective date on the Depar	specific and ca does not mee	t the applicable			r filing.) Pursuant to 605	
	pecifies a delayed ef day after the record		e, but not a	an effective ti	me, at 12:01	a.m. on the earli	er of:
Dated	May 28	· · •	2019				
	7	Seel	1/1	1c Cari	thy		
_	Sig	fature of a pict	fiber or authoriz	ed representative of	f a member		

Page 3 of 3

Filing Fee: \$25.00