L19000140775

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	American Properties	eno Jahon Services ited Liability Company	<u>ис</u>
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
	1411 14	rmerican Reno	vation vervices, like
	334	3 Jadewood Ci	ecle
	Tarp	City/State and Zip Code Crossi@gmail. We be used for future-dinnual report notif	34688
	E-mail address: 4	be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
Sank Name of	A. Grossi Person	at (<u>262)</u> 492 Area Code Daytime	- 0856 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S	_	Street Address: Registration Sec	etion
Division of Co	•	Division of Corp	='
P.O. Box 632 Tallahassee, F		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HII American Ken	ovation Service	5 LLC	
(A Florida L	Company as it now appears on our recommitted Liability Company)	rus)	
The Articles of Organization for this Limited Liability Cor	•	and assigned	
Florida document number <u>L19 000146775</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "Ll	LC" or the abbreviation "L.IC."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>	20	
		21	
		<u> </u>	
Enter new mailing address, if applicable:		: 5 -	
(Mailing address MAY BE A POST OFFICE BOX)		- [T]	
(Mulling address MAT DE A FOST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	er the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addi	7255	
	, l	Florida Zip Code	

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

A 1. A

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>	<u>Name</u>	Address	Type of Action
MGR	Jeremy Goodapple	156 Seaside Ct	X Add
		156 Seaside Ct Palm Harbor, FL34684	□Remove
			Change
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			□Remove
			□Change
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fan effect Note: If	date, if other than the date of filing: ive date is listed, the date must be specific and cannot the date inserted in this block does not meet the t's effective date on the Department of State's reference.	se prior to date of filing or applicable statutory fil	more than 90 days after filing	g.) Pursuant to 605.0207
record s d is filed	pecifies a delayed effective date, but not an effe	ctive time, at 12:01 a.n	ı. on the earlier of: (b) T	he 90th day after the
Dated	January 13, 20	21		
	Signature of a member	21 Stars- or authorized representation	ve of a member	
	Santi A. G.			