

AUG/13/2019/TUE 03:58 PM

FAX No.

P. 001

8/12/2019

Division of Corporations

H190002396663

Florida Department of State
Division of Corporations
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((H19000239666 3)))



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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOME RENOVATIONS LLC**

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P. 002

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August 13, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOME RENOVATIONS LLC
PO BOX 25
TERRA CEIA, FL 34250

SUBJECT: HOME RENOVATIONS LLC
REF: L19000190174

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

FAX Aud. #: H19000239666
Letter Number: 619A00016617

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AND
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2019/AUG/13 PM 4:24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Home Renovations LLC

(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 07/24/2019 and assigned
Florida document number LI9000190174.

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

City

Zip Code

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

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AND
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2019 AUG 13 PM 1:24

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Erica Guzman	6615 US 19 N. Terra Cia, FL 34250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Erica Guzman	6615 US 19 N. Terra Cia, FL 34250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2019 AUG 13
FILED
APPROVED
AMBR

F. Effective date, if other than the date of filing: _____ (optional)
(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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 8, 2019

Signature of _____

Signature of a member or authorized representative of a member

Erica Guzman

Typed or printed name of signee