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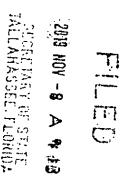
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COVER LETTER

TO:	Registration of				
CHE	E CT	Larson	Renovat	ions IIC	
SUBJ	EC1:		Name of Lin	nited Liability Company	
The er	nclosed Article	es of Amendmen	t and fee(s) are sub	omitted for filing.	
Please	return all con	respondence con	cerning this matter	to the following:	
		<u> N</u>	eil Lac	SON	
				Name of Person	··· ·
		La	crson Rei	novations LLC	
	Division of Corporations Larson Renovations LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following: Neil Larson Name of Person Larson Renovations: LLC Firm/Company 92C Tallowood Dr Address Largo, FL 33770 City/State and Zip Code 12rson renovations: ILC 9 mail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Neil Larson Name of Person at (727) 270-1755 Area Code Certificate of Status Certified Copy (additional copy is enclosed)				
			argo, Fl	2 33770 City/State and Zip Code	
		lar	E-mail address:	ations IIc@gmail.	Com lication)
For fu	rther informat				
	Veil	Larson		at (727) 270-	1755
	Na	me of Person		Area Code Daytimo	e Telephone Number
Enclos	sed is a check	for the following	amount:		
Ø \$2	5.00 Filing Fo			Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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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

Larson Renov	ations LLC		
(Name of the Limited (A	Liability Company as it now apper Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab		8-20-2019	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le:	designation "LLC" or the a	abbreviation "L.L.C."
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, renter	rithe name of the new
Name of New Registered Agent:		ORIV.	
New Registered Office Address:	Enter Flo	orida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCD -	Manager
MOV -	Manager
AMDD -	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Neil Larson	926 Tallowood Dr.)2 Add
		Largo, FL 33770	🖸 Remove
			☐ Change
MGR	Brian Larson	216 Garden Circle	X Add
		Belleair, FL 33756	Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
·	
•	
-	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	11-5-19 2019 MJ J Signature of a member or authorized representative of a member
	11 1_
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00