## L19000285295

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(Requestor's Name)	
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(Business Entity Name)	
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## **COVER LETTER**

TO: Registration So Division of Co			٠.			₹.
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SUBJECT:	Name of Lin	nited Liability Company				
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	Amendment and fee(s) are sub	Č				
Please return all correspo	ondence concerning this matter	to the following:				
	L19000285295e Franklin					
		Name of Person		_		
	Franklin Restoration and I	Remodeling				
		Firm/Company		- ີ່ ເດ	20	
	8190 Alturas Rd				2023 SEP	
		Address	<del></del> -		<del>ا</del> 3	=======================================
	Bartow Fl 33830			34	3 PH	h C
		City/State and Zip Code		(/2 	.;· 	
	nohope863@gmail.com				<u>5</u>	
For further information of	E-mail address: ( concerning this matter, please c	(to be used for future annual report not	ification)			
	oncerning this matter, prease c	,				
Hope Franklin		863 5286384 at ()				
Name o	f Person	Area Code Daytin	ne Telephone Number	r		
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Statu		
Mailing Address		Street Address:	ation			
Registration S Division of C		Registration Se Division of Co				
P.O. Box 632	.7	The Centre of T	Γallahassee			
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 8	310		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franklin Home Remodeling , LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on May 2018	and assigned
Florida document number L19000285295		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Franklin Restoration and Remodeling , LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		
Muung uuress MAT BE A FOST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, g	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street	address
	·	_, Florida
	City <sup>,</sup>	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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the data an effective date is listed, the date must be	te of filing:	to date of filing or more than	(optional) 90 days after filing ) Pursuant to 60	15 0207 (
Note: If the date inserted in this block	c does not meet the applic	able statutory filing requir		
ocument's effective date on the Depa	irtment of State's records.			
record specifies a delayed effective d	ate but not an effective ti	me at 12:01 a.m. on the e	parlian of (b). The 90th day of	or the
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August 31 Pated	, 2023			
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