L20000015240

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TO: Registration Section
Division of Corporations

SUBJECT: Dr. Right Home & Peal Improvements 16 34-4401484

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Kenneth Bourgeois
Name of Person
Do Right Pools 11c
Firm/Company
1418 Independence Ave
Address
Octors FT 32725
City/State and Zip Code
Sharon bb 9802@ 9mail. Com E-mail address: (to be used for future ahrual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Bourgeois at (386) 315-8972

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Street Address:

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Division of Corporations

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May 20, 2020

KENNETH BOURGEOIS 1418 INDEPENDENT AVE N DELTONA, FL 32725

SUBJECT: DO RIGHT HOME & POOL IMPROVEMENTS, LLC

Ref. Number: L20000015240

We have received your document for DO RIGHT HOME & POOL IMPROVEMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00010203



FLORIDA DEPARTMENT OF STATE

Division of Corporations

May 12, 2020

KENNETH BOURGEOIS 1418 INDEPENDENT AVE DELTONA, FL 32725

SUBJECT: DO RIGHT HOME & POOL IMPROVEMENTS, LLC

Ref. Number: L20000015240

We have received your document for DO RIGHT HOME & POOL IMPROVEMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

You failed to check which action to take with the member/managers listed.

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) 245-6050.

Letter Number: 520A00009681

Irene Albritton
Regulatory Specialist II

www.sunbiz.org



(A Florida Limite	d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number $89-9901484$.	ny were filed on	-23 -2020 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia Control Post 11 The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:			- -
(Principal office address MUST BE A STREET ADDRESS)			_
	,	1020	_
Enter new mailing address, if applicable:		ب ينتي . 	
Mailing address MAY BE A POST OFFICE BOX)			7:
		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	ords, enter the name of the new regist	eree
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida	street oddress	
		, Florida Zip Code	_
	Ĉiŋ•	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
hereby accept the appointment as registered agent and ag	gree to act in this cap	pacity. I further agree to comply with	the

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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, ed. c the title, name, and address of each person being added or removed from our records:

MGR = Manager

. AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
nGRm	Kenneth Bourgeas	s 1918 Independence Ave	DXdd
01617.01		Odtona FI 32725	□Remove
			□Change
MGR	Sharen Barresas	1418 Independence Ar	<u>≥</u> ⊠Add
r(o()		Oditonia F1 32725	_ □Remove
			□Change
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	Change Business NAMC
	Do Right Home & Red Improvments 110
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	New Bosiness NAME
	Do Right Pools IIC
	TO MIGHT 1998 TIC
	
Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	April 13 . 2020.
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Konnesh Andrew Besongers

Filing Fee: \$25.00