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Certified Copies	Certificates of	Status
Special Instructions to I	Filing Officer:	

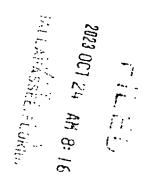
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## **COVER LETTER**

Division of Corporations
SUBJECT: It Is Finished Home Improvements LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Justin Bilbrey Name of Person
It Is Finished Home Improvements LLC
120 Powell Blud Apt, 6104
Daytona Beach F1 32114  City/State and Zip Code  It is Finished 941 @ G-Mail, Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Justin Bilbrey  at (941) 730-8367  Name of Person  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

It is Finished Home Improvements LLC

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	120 Powell BLUD Apt 6104
(Principal office address MUST BE A STREET ADDRESS)	Daytona Brach Fl 32114
Enter new mailing address, if applicable:	120 Powell Blud Apt 6104
(Mailing address MAY BE A POST OFFICE BOX)	Daytona Beach
	F1 32114
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	23
New Registered Office Address: 170	Powell Blud Apt 6104.
Dayto	ona Beach, Florida 321143.
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

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 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>	<u>Address</u>	Type of Action
			□ Add
			Remove
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If an effective da Note: If the d	te is listed, the date ate inserted in th	n the date of fill the must be specific this block does no the Department o	and cannot be pri of meet the app	licable statutory	or more than 90 day	(optional) ys after filing.) Purs its, this date will	uant to 605.0207 ( not be listed as t
e record specifed is filed.	ies a delayed eff	ective date, but r	not an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90t	h day after the
Dated <u>Oc</u>	F. 18		. 202	3			
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