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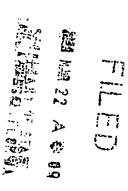
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jourgs Home Improvement 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:
Andrew loung Name of Person
· · · · · · · · · · · · · · · · · · ·
Youngs Home Improvement LCC
Firm/Company
00 R , 7 K
Po Box 215 Address
City/State and Zip Code Adrewygo Not ma: 1.00 m E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hardrew 100 Hg Name of Person at (850) 774 - 2534 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 Satus S55.00 Filing Fee Satus Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

1 1

	Structions LCC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 27 January 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability to a series of the limited liability to a series of the limited liability to a series of the new name must be distinguishable and contain the words "Limited Liability to a series of the limited liability to a series of the liability to a series of the limited liability to a seri	-
The new name must be distinguishable and contain the words "Limited Liabili	_
Enter new principal offices address, if applicable:	225 Ave D Apalachicola FL 32320
(Principal office address MUST BE A STREET ADDRESS)	Apalochicola FL 32320
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po Box 215 Apalachiala (L 32329
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent:	Tal - ra
New Registered Office Address:	Enter Florida street address
	عن المراثية A. 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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			☐ Change
	<u> </u>		□Add
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ective date	, if other than	the date of fili	ng:		(optional)
effective dat	te is listed, the date	must be specific at	nd cannot be p			s after filing.) Pursuant to 605.02 s, this date will not be listed
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Filing Fee: \$25.00