# L20 000 118473

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zipir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

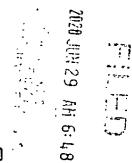


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RECEIVED

JUN 29 2020



AUG 1 1 2020

S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 3D HomE Impovement 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:
Name of Person
30 Home improvement
1825 Manitoba Ct
Kissimmee FL 34759.  City/State and Zip Code
22 home improvement 196 gmail. Com 1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 791-4716.  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate o

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

30 Hom	EImr	ovement	UC.	玉
(Name of the Limit	(A Florida Limited	ny as it now appears on Liability Company)		8
The Articles of Organization for this Limited L Florida document number	iability Company 8473	were filed on	ay 1 <sup>st</sup> 200	20 and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	1825 1	Manitobo	a Ct
(Principal office address MUST BE A STREE	ET ADDRESS)	<u>Kissimir</u>	nee, fl	34759
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	_Sha	sha Cry	2.	
New Registered Office Address:	1825	Manitcha Enter Florida st	reet address	
	Kissimm	City	Florida	34759 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
AMBR	Darnell Thompson	1825 Manitoba (+	_ i\(\) \dd
		Kissimmee, fl 34759	} □Remove
			□Change
			□Add
			□Remove
			□Change
			\Backsquare \Backsquare Add
		<del></del>	🗀 Remove
			□Change
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			□Change
	<del></del>		□Add
			🗆 Remove
			□Change

	I want to add EIN number.
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ianellei <u>Note:</u> I	we date, if other than the date of filing:
	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
	<b>-</b>
record d is file Dated _	

Filing Fee: \$25.00