# L 2000012907

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

Office Use Only



100351738051

÷ -0 /:10:50





### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/08/2020			**WALK	[N##
ENTITY NAME HIGH	HGROVE HOME IM	PROVEMENTS LLC		
DOCUMENT NUMBE	ER			
	**PLEASE FILL	E THE ATTACHED AND RETURN**		
xxxx	Plain Copy		F.	; <b>t</b>
	Certified Copy			
	Certificate of Sta	atus		
	Certified Copy of Certificate of Goo	Arts & Amendments od Standing		
	**APOSTILLE	'/ NOTARIAL CERTIFICATION**		
COUNTRY OF DESTI NUMBER OF CERTIF	NATION			
TOTAL OWED \$25.	00	ACCOUNT #: I20160000072	2	
		S 8 FM		
Please call Tina a	t the above number	for any issues or concerns. Thank you so	much!	

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Highgrove Home Improvements LLC SUBJECT: \_ 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: Shama Stepp Name of Person ZenBusiness PBC Firm/Company 5900 Balcones Dr., Suite 5000 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shama Stepp 493-6249 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2.5. -3 \*\*\* 10: 59

Highgrove Home Improvements LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/12/2020}{1}$ \_\_\_\_ and assigned Florida document number \_L20000129077 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

#### 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	Robert Lynn Rymer	3230 Atlanta St Coco, Fl 32926	<b>=</b> Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	<del></del>			
	_			
				<del> </del>
<del></del> .				
	<del></del>			
			L	
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot be s block does not meet the ap	pplicable statutory		ing.) Pursuant to 605.020
e record specifies a delayed efferd is filed.	ctive date, but not an effecti	ive time, at 12:01 a	m. on the earlier of: (b)	The 90th day after the
Dated	2020	·		
/s/ Andy Gro				
75° Tillay Oli	Signature of a member or			

Filing Fee: \$25.00