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(Re	equestor's Name)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	LM HOME	IMPROVEMENTS LLC			
30b3EC1	Name of Lin	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		MICHAEL A. MUSCH			
		Name of Person			
	LM	AACOUNTING & PAYROLL S	ERVICES LLC		
		Firm/Company			
	4221	BAYMEADOWS RD, SUITE 14			
		Address	<u> </u>		
	JACI	JACKSONVILLE, FL 32217 City/State and Zip Code			
		YROLL13@GMAIL.COM			
		to be used for future annual report no	stification)		
For further informatio	n concerning this matter, please c	all:			
MIC	HAEL A. MUSCH	904 757-581-8	199		
Nam	e of Person		me Telephone Number		
Enclosed is a check fo	r the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
P.O. Box 6	n Section Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LM HOME IMPROVEMENTS LL	-			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 120000136338	were filed on 05/19/2020 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	JACKSONVILLE, FL 32258			
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 a agent and/or the new registered office address here:	address on our records, enter the name of the new register			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida _

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
MGR	LUCIMAR V. MUSCH	4333 GENTLE KNOLL DRIVE NORTH	□Add
		JACKSONVILLE, FL 32258	=Remove
			□Change
			□ Add
			Remove
			□ Change
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ffecti	ve date, if oth	er than the dat	07. e of filing:	/01.2020		(optiona	B
an effe	ective date is liste	d, the date must be:	specific and canno	ot be prior to date	of filing or more than	90 days after filin	g.) Pursuant to 605.02
		ted in this block i late on the Depar			tutory filing requi	rements, this da	e will not be listed:
		·					
recore	d specifies a del	ayed effective da	e, but not an ef	fective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after th
is fil							
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ated .	08/0	13/30	· -				
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Typed or printed name of signee