L20000279827

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A. BUTLER NOV 03 2021

COVER LETTER

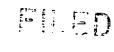
The enclosed Articles of Amendment and Please return all correspondence concern Scott Hanco			.	
The enclosed Articles of Amendment and Please return all correspondence concern Scott Hanco		4	_	
Please return all correspondence concern . Scott Hanco	Name of Limited Liabil	ity Company	T	
Please return all correspondence concern . Scott Hanco				
Scott Hance	I fee(s) are submitted for	r filing.		
	ing this matter to the foll	lowing:		
H2Improver	ck			
H2Improver	Nai	me of Person		
	nents LLC			
	Fir	m/Company		
1309 Fussel	l Rđ.			
		Address	-	
polk city, fl	33868			
H2farms15@	·	ne and Zip Code		
	-mail address: (to be used	for future annual rep	port notification)	
For further information concerning this n	natter, please call:			
Diane Lokey	at	863 698-3	3780	
Name of Person	a	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the following amo	ount:			
□ \$25.00 Filing Fee □ \$30.00 Fil Certifica	te of Status Ce	5.00 Filing Fee & ertified Copy ditional copy is enclosed.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



2021 OCT 22 PH 4: 26

H2Improvements LLC	,	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	vords.)
The Articles of Organization for this Limited Liability Company	y were filed on 9/8/20	and assigned
Florida document number L20000279827		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation '	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		4
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
	City	, Florida
	City	zap com

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>	Name	Address	Type of Action
MGR	Diane Lokey	1309 Fussel Rd polk City, fl 33868	\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{
			Remove
			□Change
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If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record 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 rd is filed.								
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