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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Cround Up tome Improvements (CC) 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:
April D. Montes Name of Person
Ground Up Home Improvements (CC)
7966 De Haven Street
City/State and Zin Code City/State and Zin Code Cull I 56/2 Amail Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
April D. Montes at (401) 873-7898 III III III III III III III III III
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROUND UP H	OMETAPROVEMENTS L	LC_
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 2000 32</u>	_	20 and assigned
This amendment is submitted to amend the followin	g :	
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 th	e abbreviation "L.IC."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist	tered office address on our records, enter the n	ame of the new registered
agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		<u> : i</u>
New Registered Office Address:		र्भातु हिं
	Enter Florida street address	元后
	, Florida	7:- C-1
	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>	Address	Type of Action
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