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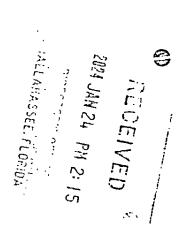
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/24/2024

NAME: MV HOME IMPROVEMENTS LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Co					
SUBJECT:	Home Improve	ments LIC			
3000ECT	· · · · · · · · · · · · · · · · · · ·	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing			
	ondence concerning this matter	-			
Trouse return art conrespo					
	Ferney Vi	clandic			
		Name of Person			
		Firm/Company		~;	
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For further information of	oncerning this matter, please c	·	,		
Forney V	denetic	305 U39-9	' \$24		
	f Person	$\frac{1}{\text{Area Code}} = \frac{30\% - 2}{\text{Daytim}}$	e Telephone Number	-	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	
<u>Mailing Addres</u> Registration 5		Street Address: Registration Sec	ction		
Division of C	orporations	Division of Cor	porations		
P.O. Box 632	7	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MN Home Improverm				
(Name of the Limited Liability Comp (A Florida Limited	<u>pany as it now appe:</u> I Liability Company)	rs on our records.)		
the Articles of Organization for this Limited Liability Companion lorida document number <u>L.2100032303</u>	y were filed on _	1/14/2021	.	and assigned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lia	bility company h	iere:		
ne new name must be distinguishable and contain the words "Limited Liab	pility Company," the	designation "LLC" or	the abbrev	ation "L.L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				<u></u>
				- 3
nter new mailing address, if applicable:				.4 , , ,
Mailing address MAY BE A POST OFFICE BOX)			.5*_	140 to 1
·			65 Ti	=
				(7)
. If amending the registered agent and/or registered office	address on our i	records, <u>enter the</u>	nameel	
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florid	a	
	City		Z	ip Code
ew Registered Agent's Signature, if changing Registered Agent	:			

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
			□Add
			□Remove
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			🗆 Remove
			∏Change

1/23/21				
Effective date, if other than the date of filing: 1/23/24 (optional) 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. Prior State 1/23/24 Coptional 1/23/24 Copt				
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