L21000113480

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S. ROBERTS JUN 2 2 2023

COVER LETTER

TO:

	Registration Se Division of Cor			
211D 11:7		Home Improvement LLC		
SUBJEC	.l:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	·	
		Kandice Witherspoon		
		-	Name of Person	
		Witherspoon Enterprise D	BA Legacy Financial Management Firm	
			Firm/Company	
		4100 S Hospital Drive Ste	100	
			Address	
		Plantation FL 33317		
			City/State and Zip Code	
		info@legacyfinancialfirm.c		
		E-mail address: ((to be used for future annual report notification)	
For furth	er information co	oncerning this matter, please c	all:	
Kandice	Witherspoon		954 769-1055 at ()	
	Name of	Person	at () Area Code Daytime Telephone Number	-
Enclosed	is a check for th	e following amount:		
™ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed)	tatus &
	Mailing Address Registration S	Section	Street Address: Registration Section	
	Division of Co P.O. Box 632		Division of Corporations The Centre of Tallahassee	
	Tallahassee, F		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Dynasty Home Improvement LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on <u>03/09/2021</u>	and assigned
Florida document number L21000113480		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
		20
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	=- ·
nter new principal offices address, if applicable:	300 SE 2nd Street	
Principal office address MUST BE A STREET ADDRESS)	Ste 600	
	Fort Lauderdale FL 33301	
		$\dot{\Sigma}$
nter new mailing address, if applicable:		<u> </u>
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	-
	, Florid:	d.
	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 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
			
			Change
			🗆 Add
			Remove
		-	Change
			□Add
		 	□Remove
			□Add
			□ Remove
			Change
	-		□Add
			🗆 Remove
			□Change
			□ Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the 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 record is filed.
Dated May 01 , 2023 Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member Signature of a member of a member