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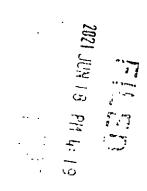
| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
| Special instructions to raining Officer. | | | | |
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Office Use Only



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COVER LETTER

TO:

| TO: Registration Division of C | Section Corporations | | | | | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|--|
| | H.P. HOME CONS | STRUCTION, LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all corre | spondence concerning this matter | to the following: | | | | |
| | | NIGEL CLARK | | | | |
| | | Name of Person | | | | |
| | H.P. HOME CONSTRUTION, LLC | | | | | |
| | Firm/Company | | | | | |
| | 4913 N HABANA AVENUE | | | | | |
| | Address | | | | | |
| | | Firm/Company 4913 N HABANA AVENUE Address TAMPA, FL 33614 | | | | |
| | | City/State and Zip Code | PR 4: | | | |
| | E-mail address: (| to be used for future annual report noti | tication) | | | |
| For further information | n concerning this matter, please c | all: | | | | |
| NIGI | EL CLARK | 813 367-6354 | | | | |
| | | e Telephone Number | | | | |
| Enclosed is a check fo | or the following amount: | | | | | |
| X \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations Callahassee e Street, Suite 810 | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability (A Florida | (Company as it now appears on our records.) Limited Liability Company) | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------|
| The Articles of Organization for this Limited Liability Co | ompany were filed on MARCH 24, 2021 | and assigned |
| Florida document number <u>L21000138428</u> | _ | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| H.P HOME RENOVATIONS, LLC | | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 7021 |
| Principal office address MUST BE A STREET ADDRI | ESS) | |
| | | |
| | | 770 |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>.</u> |
| | | |
| 3. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter the nar</u> | ne of the new regi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florida | |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

THE STREET OF STREET PROPERTY OF THE STREET

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 |
|--------------|---------|---------|----------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 _ 2021 Signature of a member of authorized representative of a member