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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C			
SUBJECT:	TMP Cris	D HOME I; uited Liability Company	MProvements LLC
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing.	
Please return aff corresp	oondence concerning this matter	to the following:	
	Frank	Loaces Name of Person	GACC,A
		Firm/Company	
	415	Plumo SA Address	AVE
	LEHIGH	Acces, FL City/State and Zip Code	33972
			nen + seyaHou. Com
For further information	concerning this matter, please e	all:	
FIANK Lo	OA CES GAGE, of Person	A at (360) 261 Area Code Daytim	- 5959 e Telephone Number
Enclosed is a check for	the following amount:		
★\$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 Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Imperio	Home Improvements UC A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on <u>05-05-2021</u> and assigned <u>0 208</u> .895
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>O.Y.)</u>
agent and/or the new registered office address	
Name of New Registered Agent:	LOACES Garcia, Frank
New Registered Office Address:	415 PlvMoSa AVE Enter Florida street address
	LOACES García, Frank 415 Plumosa AVE Enter Florida street address LEHIGH ACIES, Florida 33972 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.

519n

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
MGR	Loaces	Garda, Frank	415	Plumosa	_ <i>AVP</i> _□Add
			LeHigh	Acres, F.	<u> 33972</u> ∃Remove
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					□Add
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ctive date i	other than the date	of filing:		(optio	nal)	
effective date is e: If the date	other than the date listed, the date must be spe inserted in this block do ive date on the Departm	ecific and cannot be process not meet the app	licable statutory filin	ore than 90 days after	filing.) Pursuant to 605.02	207 as
ord specifies filed.	a delayed effective date.	but not an effective	r time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after th	he
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690	X T					
91	Signat	ure of a member or au	thorized representative	of a member		