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(Requestor's Name)				
(A	ddress)			
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(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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	Received. 08/09			
	Office Use Only 08/10121			
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July 27, 2021

MICHAEL N. CATRAMA JR. 2 GREENWAY VILLAGE N UNIT 210 ROYAL PALM BEACH, FL 33411

SUBJECT: TOTAL HOME IMPROVEMENTS L.L.C.

Ref. Number: L21000228363

We have received your document for TOTAL HOME IMPROVEMENTS L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 521A00017470

(1)

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOTAL HUME IMPROVEMENTS LLC 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:
Michael N Catrama JR. Name of Person
TUTAL HOME IMPROVEMENTS LLC
2 Creenway village N unit 210
Royal Palm beach Florida 33411 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael N Catrama JR at 646, 407 2774 Name of Person Area Code Daytime Telephone Number
Aca code Daytine receptione reminer
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$560.00 Filing Fee \$\Bigcup \$560.0

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL HOME IMPOVEMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

New Registered Office Address:	Enter Florida street address Florida City	⊏ Zip Code	
New Registered Office Address:	Enter Florida street address	=	
New Registered Office Address:		 _	
			• •
Name of New Registered Agent:			· · ·
		. ;	
ent and/or the new registered office address here:	enter the na		w registe
. If amending the registered agent and/or registere	ed office address on our records, enter the na	me of the no	w renicte
			<u>()</u>
Mailing address MAY BE A POST OFFICE BOX)			
nter new mailing address, if applicable:			
			-1
rincipal office address MUST BE A STREET ADD	RESS)		
nter new principal offices address, if applicable:			
e new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviation "I	L.L.C."
If amending name, <u>enter the new name of the lim</u>	aited liability company here:		
his amendment is submitted to amend the following:			
	 -		
origa document number 1 とりつし んととうしん: ~	<u> </u>	· 	ssigned
lorida document number <u>L 21000228363</u>		· 	C.

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
7 MBR	Michael N Catramas	2 Greenway village A R. Unit 210 ROYAL POINT FLORIDA 3 31111	l Beachaudx
			□ Remove
			□ Change
			□ Add
			□Remove
			□Change
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			□ 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: MAY 12# 2021 (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 605,0207 (3)(b) 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. Michael W Catrama Jr.

Typed or printed name of signee

Filing Fee: \$25.00