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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Absolute Integrity Renovations LLC SUBJECT: 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: James McInnis Name of Person Absolute Integrity Renovations LLC Firm/Company 1017 N. 20th Ave Address Hollywood, Fl 33020 City/State and Zip Code jjjmcinnis111@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James McInnis Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$60.00 Filing Fee. **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company))
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on July 28, 2021	and assigned
Florida document number L21000342176	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter th</u>	he name of the new registe
gent and/or the new registered office address here:	()
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	A 1

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>	<u>Address</u>	Type of Action
AMBR	James McInnis	1017 N. 20th Ave Hollywood, FI 33020	\ \equiv Add
			□Remove
			□Change
AMBR	Chanda Sullivan	1017 N. 20th Ave Hollywood, Fl 33020	□Add
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fan effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Do	ock does not meet the applicable st	(optional) of filing or more than 90 days after filing.) I atutory filing requirements, this date w	Pursuant to 605.0207 illimet be listed as
record specifies a delayed effectiv d is filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The	90th day after the
Pated August 9	2021		
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