## 121000363174

(Requestor's Name)  (Address)  (Address)	900391904769
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	F7 67,779,773 2,760 1007, • 430,30
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PILED RECEIVED  RECEIVED  SECRETARY SE STATE FALL ALLAMOSE ELFLORIDA  F

Office Use Only

AUG 0 8 2022 O COMPETEL.

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SURJECT: 1Pf	f Scott an	d Dayahter	Renovation.
3003EC1	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
	ndence concerning this matter		
		Name of Person	
	-	Firm/Company	<del></del>
		Address	
		City/State and Zip Code	
War further information o	E-mail address: ()	to be used for future annual report noti	fication)
For tartier information C	oncerting this matter, prease co		
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HTER RENOVATION, LLC.		
(Name of the Limited Liab (A Flori	lity Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	08/12/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<del>- 12                                   </del>
(Principal office address MUST BE A STREET ADE	ORESS)		2022 k
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AUG-5 PH 4: 22
B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, enter the n	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	
		Florida	
	Ciņ		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 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
MGR	Jeff Scott	833 Walsh Rd	□Add
		B33 Walsh Rd Quincy, Fl. 32351	StRemove
<del></del>			🗆 Add
			🗆 Remove
			□Change
<del></del>			
		<del></del>	Remove
			□Change
			🗆 Add
			□Remove
			□Change
<del></del>			🗆 Add
			□Remove
	•		Change
			Remove
			Change

_	
_	
_	
_	
_	
_	
_	
_	
ote: 🗆	ve date, if other than the date of filing:
is file	
nted _	Amanda Lehr  Amanda Lehr  Ivped or printed name of signee
	amanda Kelk.

Filing Fee: \$25.00