## 122000071436

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T. MATTHEWS MAY - 3 2022

## **COVER LETTER**

TO: Registration Sec Division of Corp		e.	
subject:	pps Custom Name of Lim	Renovations LU	
The enclosed Articles of A	mendment and fee(s) are sub	unitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Timoth	Name of Person	
	happs Cus	tom Renovation Firm/Company	15-LIC
	1525 33d	Aue.	<del></del>
	Vero Beac	h, FL 32960 City/State and Zip Code	
	Kevin Kapp E-mail address:	310 @ g mail . Coy	ication)
For further information co	ncerning this matter, please c		
Timothy K	Person PP	at ( <u>772</u> ) <u>453-</u> Area Code Daytime	475 & 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:		Stroot 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 STATE OF CORPORATIONS

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2 1 2022 and assigned Florida document number 12-2000011436

This amendment is submitted to amend the following:

Florida document number <u>L22000071436</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" 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 offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

### 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

Title	<u>Name</u>	Address	Type of Action
MGR	hylie A. Harris	1525 33rd Ave	□ Add
	•	Vero Beach, FL 32960	Remove
			□Change
MGR	Timothy K. Kapp	1525 33rd Ave	XAdd
		Vero Beach, FL 32960	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
-		<del></del>	
			□Remove
		<del></del>	□Change
	<del></del>		□Add
			□Remove
			□Change

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(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 1 2022
	rignature of a member of a member
	prignature of a member of authorized representative of a member