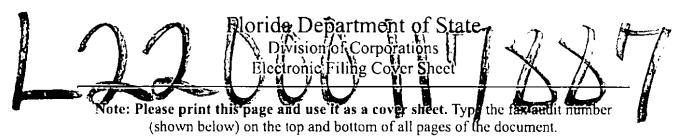
5/23/24, 10:23 AM

Division of Corporations



(((H24000184598 3)))



H240001845983ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

بارات الادد: ، Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903

Fax Number : (407)449-2348

inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: info@claudialimatax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MATRIX FL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON MAY 2 3 2024

Electronic Filing Menu

Corporate Filing Menu

Help

O

COVER LETTER

	Registration Section Division of Corporations				
		FL SERVICES LLC			
SUBJEC	CT:Name of Limited Liability Company				
		Amendment and fee(s) are sub			
Please re	turn all correspo	ondence concerning this matter	to the following:		
		CLAUDIA LIMA			
			Name of Person		
		CLAUDIA LIMA TAX &	ACCOUNTING LLC		
	Firm/Company				
9100 CONROY WINDERMERE RD SUITE 200 OFFICE 241					
		· · · · · · · · · · · · · · · · · · ·	Address		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
		WINDERMERE, FL 3478	6		
			City/State and Zip Code		ASS
		INFO@CLAUDIALIMAT.	AX.COM to be used for future annual report noti	fication)	EE.FL
For furth	er information	concerning this matter, please c		,	STATE LORID
CLAUD	IA LIMA		407 552-7903 at ()		_
	Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed	l is a check for t	he following amount:			
■ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
	Mailing Addre Registration Division of C	Section	Street Address: Registration Sec Division of Cor		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATRIX FL SERVICES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/08/2022	and assigned
lorida document number L22000117887		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lis	ability company here:	
NEW HOME IMPROVEMENTS LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		
		2024 HAY 2
		<u> </u>
nter new mailing address, if applicable:		en e
		087 ::
Mailing address MAY BE A POST OFFICE BOX)		
	- • ·	
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	· ·-	
	Enter Florida street address	
	, Florida	
	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.

<u>6/8</u> 23.5.2024 7:28:28

□ 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:

<u> Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			2024 HAY 23 PM 1:32 Spining PM 1:32
 			□ Change N
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_		
	- - -		
ARASSEE FLORIDA			
E. Effective date, if other than the date of filing:	 		
E. Effective date, if other than the date of filing: (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 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be document's effective date on the Department of State's records.	05.020 isted a:	7 (3)(t s the	b)
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 at record is filed.	iter the	:	
Dated			
HIDALGO M MENON			
Typed or printed name of signee			

23.5.2024 7:28:43

FAX . 2 +14074492348

Filing Fee: \$25.00