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J 8/28/2012

COVER LETTER

Registration Section **Division of Corporations** LEGACIE HOME IMPROVEMENTS, 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: CHRISTIAN Y RODRIGUEZ-JIMENEZ Name of Person Firm/Company 10651 SE 50TH AVENUE Address BELLEVIEW FLORIDA 34420 City/State and Zip Code christianrodriguezjimenez0@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTIAN Y RODRIGUEZ JIMENE Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & **\$60.00** Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

Mailing Address:

TO:

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

Street Address:

(additional copy is enclosed)

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

tadditional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACIE HOME IMPROVEMENTS, LLC

2022 000 13 701 9: 41

(Name of 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 APRIL 20, 2022 and assigned Florida document number $\frac{1.22000189069}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LIFETIME HOME IMPROVEMENTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida sireet 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
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Effective date, if other than the date of filing: (in the content of 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. 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 ord is filed. Dated G-7- ??	-	<u> </u>
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