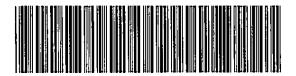
## L22000229383

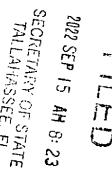
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## **COVER LETTER**

Tallahassee, FL 32314

			·
SUBJECT: WE	2 Show 'U P Name of Limit	Nome Implied Liability Company	provements LLC
The enclosed Articles of	Division of Corporations  JBJECT: We Show Up Nome Improvements LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Lease return all correspondence concerning this matter to the following:  James De Stefano  Name of Person  We Show up home Improvements LLC  Firm/Company  157 W To, wool Drive  Address  Start Johns FL 32259  City/State and Zip Code  Jolestef HSD Icloud. Com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  James De Stefano  Name of Person  Area Code  Daytime Telephone Number		
Please return all correspo	ondence concerning this matter	to the following:	
	James D	e Stefano Name of Person	<del></del>
	ne Show up	O home Improvem Firm/Company	ents LLC
	157 N TO	nddress Drive	
	St John Jdeste F	S FL 327 City/State and Zip Code 75 O 1 Cloud. C to be used for future annual report not	259 Com
For further information of			
James De	25 tefano of Person	at ( <u>646</u> ) <u>279</u> Area Code Daytim	- 4688 ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of (	Section Corporations	Registration Se Division of Co	rporations
P.O. Box 632	27	The Centre of 1	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited Limited Limited Limited	any as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22006229383</u>	y were filed on Hay 16, 2022	and assigned	
This amendment is submitted to amend the following:			
mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  violate must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.C."  new principal offices address, if applicable:  input office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  inguidance address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.L.C."	-
Enter new principal offices address, if applicable:	<u></u>		•
(Principal office address MUST BE A STREET ADDRESS)			<u>.</u>
		<del></del>	•
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			-
		<del></del>	-
B. If amending the registered agent and/or registered office	address on our records, enter the nam	e of the new registe	<u>red</u>
agent and/or the new registered office address here:		TAI ECF	{{
Nove of Nove Designated Assess			
Name of New Registered Agent:		<del></del>	. [mai.a.
New Registered Office Address:	Enter Florida street address	<u> </u>	- P
		6. F.	
	, Florida	Zip Codern	

## 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>	Address	Type of Action
MGR	Thomas Martin	421 Porta Rosa Circle	□Add
		421 Porta Rosa Circle ST Augustne FL 32092	( <b>5</b> Remove
			□Change
		<u></u>	□Add
			□Remove
			Change
			🗆 Add
		<del></del>	□Remove
			Change
	<u>,</u>		□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			Change

ii aui	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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-	· · · · · · · · · · · · · · · · · · ·
•	
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-	<del></del>
Note:	tive date, if other than the date of filing: Aug 10, 2022— (optional) fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
record is fi	rd 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 led.
Dated	Sept 9 2022.
	Vans De Stata
	Signature of a member or authorized representative of a member
	Signature of a memoer of additionzed representative of a memoer

Filing Fee: \$25.00