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COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEC		ME IMPROVEMENTS, LLC				
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		NICHOLE MUELLER				
			Name of Person			
			Firm/Company			
		79 RYECLIFFE DR				
			Address			
		PALM COAST FL 32164				
		 	City/State and Zip Code	·· ····		
		QUICK.ACCURATEBOOI	• • • • • • • • • • • • • • • • • • • •			
		E-mail address: (to be used for future annual report noti	ification)		
For furthe	er information c	oncerning this matter, please ca	all:			
NICHOL	E MUELLER		386 3410040 at ()			
	Name o	f Person	Area Code Daytin	e Telephone Number		
Enclosed	is a check for th	ic following amount:				
■ \$25.0	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 Addres Registration S		Street Address: Registration Se	ction		
1	Division of C	orporations	Division of Cor	rporations		
	P.O. Box 632 Tallahassee, I		The Centre of 7	Fallahassee be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 05/20/2022 and accional

1 27000235530	were fried on and doorg	51100
Florida document number L22000235530		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	79 RYECLIFFE DR. PALM COAST, FL 32164	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	79 RYECLIFFE DR. PALM COAST FL 32164	
(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	register
agent and/or the new registered office address here:		
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:

M & N HOME IMPROVEMENTS, LLC

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
MBR	NATHAN L. MUELLER	19 RYECLIFFE DR, PALM COAST FL 32164	≣Add
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			□Change
			□Add
			□Remove
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ran eff <u>Note:</u>	ve date, if other than the date of filing: $03/15/2024$ (optional) ective 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 ent's effective date on the Department of State's records.
recor d is fil	I 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 ed.
Dated	05/08/2024
	Nucleally Market Signature of a member or authorized representative of a member

Filing Fee: \$25.00