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Division of Corporations

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From:

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Phone : (813)882-8426 Fax Number : (813)884-0263

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Email Address: eddiebritohomeimprovement@gmail.com

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COVER LETTER

	ation Section n of Corporations		•
ED SUBJECT:	DIE HOME IMPROVEMENT LLC		
SCBJECT:	Name of Lit	mited Liability Company	- · · · · · · · · · · · · · · · · · · ·
The enclosed Are	ticles of Amendment and fee(s) are su	bmitted for filing.	
Please return all	correspondence concerning this matte	r to the following:	
	EDUARDO COSTA BRI		
		Name of Person	
	EDDIE HOME IMPROVEMENT LLC Rame of Limited Liability Company C. Articles of Amendment and fee(s) are submitted for filling. In all correspondence concerning this matter to the following: EDUARDO COSTA BRITO Name of Person EDDIE HOME IMPROVEMENT LLC Firm Company 9167 BAYOU DR Address TAMPA, FL 33635 City/State and Zap Code EDDIEBRITOHOMEIMPROVEMENT@GMAIL.COM E-mail address: (to be used for future annual report not dication) information concerning this matter, please call: D COSTA BRITO Name of Person Area Code Only 1		
		Firm Company	
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		Address	-
	TAMPA, FL 33635		
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Enclosed is a che	ck for the following amount:		
≡ \$25.00 Filing	-	Certified Copy	Certificate of Status &
	<u>Address:</u> ration Section	<u>Street Address:</u> Registration S	ction
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The Centre of Fallahassee

Tallahassee, F., 32303

2415 N. Morrise Street, Suite 810

ARTICLES OF AMENDMENT TO AFTICLES OF ORGANIZATION OF 11

EDDIE HOME IMPROVEMENT LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limite(Liability Company wer	e filed on 62/23/2023 and assigned
Florida document number L23000098331	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STR SET ADDRESS)	
-	.1
•	ž
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ند
_	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cav Zip Code

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 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
AMBR	CAMARGO, CAMILA	9167 BAYOU DR	≅ Add
		TAMPA, FL 33635	
		_	
			□Remove
			Change
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			□Reinove
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