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(Rea	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

FQ: Registration Section Division of Corporations
SUBJECT: <u>EaSt River Home improvements LLC</u> Name of Limited Liability Company
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:
Michael Freeman
Name of Person
Firm/Company
108 Juden Dr East Palathen FL 32131
East Palatka FL 32131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Freeman at (386) 937-7706 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee & Certificate of Status \$\Bigsquare \\$ Certificate of Status \$\Bigsquare \\$ Certified Copy (additional copy is enclosed) \$\Bigsquare \\$ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/VIST Construction	266	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>に23やoo/6)562</u> .		and assigned
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 "Emmed Mabil	Hume improveme	previous "I I C"
Enter new principal offices address, if applicable:	108 Dordan Dr East Palatka FL	
(Principal office address MUST BE A STREET ADDRESS)	East Palatka FL	32131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	108 Joseph Dr Enst Palatka Fl	132/3/
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		- ···-
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	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.

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
		 	□ Add
			□Кепюче
			□Change
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			□Remove
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Page 2 of 3

	
<u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
) ated	12/31/2023
- a.vu	M1-115
	Signature of a member of authorized representative of a member
	Michael Freemon
	1///