L23000234031

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A. RIVERS

COVER LETTER

	stration Sec sion of Corp						
SUBJECT:	Roberts Ren	ovations LLC					
	Name of Limited Liability Company						
The enclosed	Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Please return	all correspor	ndence concerning this matter t	o the following:				
		Brian Roberts					
			Name of Person				
		Roberts Renovations LLC					
			Firm/Company				
		7505 North Nathan Point					
			Address				
		Crystal River, Florida 3442					
		1 1 226 1	City/State and Zip Code	•			
		bmroberts23@gmail.com E-mail address: (t	o be used for future annua	Freport notification)			
For further in	nformation ca	oncerning this matter, please ea	alt:				
Brian Robert	ts		at (904) 40 Area Code	05-3417			
	Name of	Person	Area Code	Daytime Teleph	one Number		
Enclosed is a	check for th	e following amount:					
≣ \$ 25,00 H	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Ma	iling Addres	<u>s:</u>		Address:			
Registration Section				ration Section	one		
Div	vision of C	orporations	DIVISI	on of Corporation			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBERTS RENOVATIONS LLC	
(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 05/11/2023	and assigned
Florida document number 1.23000234031	
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 Company," the designation "LLC" or the	abbreviation "L.L.C."
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 na	me of the new registe
gent and/or the new registered office address here:	12 E
Name of New Registered Agent:	<u></u>
New Registered Office Address:	<u> </u>
New Registered Office Address: Enter Floruka street address	

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>	Name	Address	Type of Action
AR	ELISSA REINHARDT	7505 NORTH NATHAN POINT	
			■Remove
		CRYSTAL RIVER, FL 34428	Change
AR	Brian Roberts	7505 North Nathan Point	
			□Remove
		Crystal River, fl 34428	Change
			□Add
			□Remove
			☐ Change
			□Remove
		<u> </u>	Change
			□Add
			Change
			□ Add
			□ Remove
			□ Chango

i amending ai	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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<u></u>	
Note If the da	if other than the date of filing:
e record specifi rd is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUNE	2023
	Signature of a member or authorized representative of a member
Eti	ssa Reinhardt
	Typed or printed name of signee