

6/12/24 2:57 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : UNISOURCE FINANCIAL SERVICES CORP.
Account Number : 120120000045
Phone : (954)572-4300
Fax Number : (954)572-3365

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIGNATURE HOME RENOVATIONS LLC

Certificate of Status	0
Certified Copy	1
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M. SOLOMON

JUN 18 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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June 18, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SIGNATURE HOME RENOVATIONS LLC
1508 N J STREET
LAKE WORTH BEACH, FL 33460US

SUBJECT: SIGNATURE HOME RENOVATIONS LLC
REF: L24000225317

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H24000205892
Letter Number: 824A00013242

24 JUN 18 PM 3:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGNATURE HOME RENOVATIONS LLC
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:

JEREMY BURG

Name of Person

SIGNATURE HOME RENOVATIONS LLC

Firm/Company

1508 NJ STREET

Address

LAKE WORTH BEACH, FL 33460

City/State and Zip Code

jeremyburg22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEREMY BURG

443

517-3278

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 18 PM 3:00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATURE HOME 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 05/15/24 and assigned
Florida document number L24000225317.

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
CEO	JEREMY BURG	1508 NJ STREET	<input type="checkbox"/> Add
		LAKE WORTH BEACH , FL 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEREMY BURG	1508 NJ STREET	<input checked="" type="checkbox"/> Add
		LAKE WORTH BEACH, FL 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUN 18 2024
CLERK OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
CLERK OF STATE
OVERSIGHT OF CORPORATIONS

26 JUN 18 PM 3:00

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

6/18/2024

Jeremy Bura
Signature of a member or authorized representative of a member

Jeremy Burg

Typed or printed name of signer