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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			٠	
	CONSTRUCTION REMODE	LING, LLC		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter			
	JORGE SAAVEDRA			
		Name of Person		
				207: SE
		Firm/Company		25. 25. 26.
	2896 FOREST HILL BLV	['] D		SECTIVITY 18
		Address		三流。 宝
	PALM SPRINGS, FL 334	06		e H E FL
		City/State and Zip Code		' TE -
	jorgesaa@bellsouth.net			
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	oncerning this matter, please c	all:		
JORGE SAAVEDRA		561 8561739		
Name o	of Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre Registration Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of T 2415 N. Monro	allanassee e Street, Suite 810	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMIREZ CONSTRUCTION REMODELING, 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 ______ ____ and assigned Florida document number ______ 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 , Florida _

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.

City

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
MGR	Tomas Miguel Ramirez Domingo	720 Southview Dr. Jupiter, FI 33458	■Add
			□Remove
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			Chânge 23 5 JUN 18
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). If amending any other infor	nation, enter	cnange(s) ner	e: (Attach ad	iaitional sneets	s, ij necessar	y.)		
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. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific a block does no	and cannot be price it meet the appli	or to date of filing cable statutory	g or more than 90 i	(optional) days after filing ents, this date	g.) Pursuant to	605.020 listed a	17 (3 s th
the record specifies a delayed effecord is filed.	ctive date, but r	not an effective	time, at 12:01	a.m. on the earli	ier of: (b) T	he 90th day	after the	:
Dated JUNE 10	Sol.	2025						
× Hand	Signature of	a member or aut	horized represer	tative of a member	er		-	
	Ingel	Rami	10 Z	nec			_	