## L19000155378

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## **COVER LETTER**

TO: egistration Se Division of Cor		. ,	
CHARLES AND COSTS	OLDING LLC		1
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDEL ALVAREZ		
		Name of Person	
	S&E REMOLDING LLC		
		Firm/Company	
	509 NORIDGE DR		
		Address	
	LEHIGH ACRES, FL 33	936	
	<del></del>	City/State and Zip Code	
	LADYDI5460@AOL.COM		• • • • • • • • • • • • • • • • • • • •
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	ication)
EDEL ALVAREZ		305 240-8164	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&E REMOLDING LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number L19000155378	ny were filed on <u>06/12/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LI.C" or the abi	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20
		20
Enter new mailing address, if applicable:		55 [
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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	<del></del>	ယ္
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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
MGR	SULEIDY DUENAS	509 NORIDGE DR LEHIGH ACRES FL 33936	🗏 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			_
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			□Remove
			□Change

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ENCLATIVADE)	EDEL ALVAREZ			
		ryped or printe	ed name of signee	

Filing Fee: \$25.00