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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
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COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co						
eup iec		DELING LLC					
SUBJEC	.1:	Name of Lim	ited Liability Company				
The encl	osed Articles of	FAmendment and fee(s) are sub	mitted for filing				
		ondence concerning this matter					
		SAUL VELAZQUEZ					
			Name of Person				
		SA REMODELING LLC					
		 	Firm/Company				
		5612 STONERIDGE CIR					
			Address	· <u>-</u>			
		ORLANDO, FL 32839			021 S	** 7.43	
		SAVENA5@ICLOUD.CO	City/State and Zip Code		2021 SEP 23	- 2	
		=	to be used for future annual report notif	ication)	ζο ^{ια}	[1]	
For furth	er information	concerning this matter, please c	all:		AM 7: 30 注意合	٦	
SAUL V	'ELAZQUEZ		408 784-9648		30		
	Name	of Person	at () Area Code Daytimo	Telephone Number			
Enclosed	l is a check for t	the following amount:					
\$25.	00 Filing Fee	Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Book Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigcup \$60.00 \text{ For Certificate of Status}\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
	Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SA REMOLDELING LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited I		24-2021 and assigned
Torida document number L21000293605		
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company." the de-	signation "LLC" or the abbreviation = L.L.C."
Enter new principal offices address, if appli	cable:	S T
Principal office address MUST BE A STRE	ET ADDRESS)	7:7 2 ···
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		111 0
Tuning muscos MIII BE III OOI OI IICE		
 If amending the registered agent and/or gent and/or the new registered office addre 	·	cords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	SAUL VEŁAZQUEZ	
New Registered Office Address:	5612 STONERIDGE CIR	
	Enter Flori	da street address
	ORLANDO	, Florida ³²⁸³⁹
	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

New Registered Agent's Signature, if changing Registered Agent:

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 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	SAUL VELAZQUEZ	5612 STONERIDGE CIR	■ Add
		ORLANDO, FL 32839	□Remove
			□ Change
	***		□Add
			□ Remove
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			- 10 14
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to be listed as a manager not a pr	esident to	o open	a bussir	ies acco	ount.						
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effective date is listed, the date must be te: If the date inserted in this block	does not	meet ti	he appli	cable st	of filing atutory	or more	than 90 d equireme	nys after fi nts, this (ling.) Pi date wil	arsuant to II not be	ວ 605.020 : listed ເ
sument's effective date on the Depar	tment of	State's	s records	5.							
cord specifies a delayed effective da	te but no	stan ef	Tective (ime at	12:01 a	m on	be earlie	r of: (b)	The O	Oth day	after th
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Filing Fee: \$25.00

Typed or printed name of signee