L23000043395

(Requestor's Name)
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S.F. IN

Registration Section

TO:

COVER LETTER

Division of Cor	porations		
CEDIMOT, CODAD	RENOVATIONS, LLC		
SUBJECT: SOBAR	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Corpor	ato Maintonanco La	and
	Corpor	ate Maintenance Le	au
	Proc	ossina Donartmont	
		essing Department	
		1450 Vassar St	
		Address	
		Reno, NV 89502	
		City State and Zip Code	
	h-mail address: (to be used for future annual report not	rtication)
For further information of	oncerning this matter, please c		
TO THINK! HISTINGON	oncerning this matter, pieuse e	ш,	
	ing Department	at (800) 638-2 <u>320</u>	
Name o	f Person	Area Code Daytin	ne 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)
Registr Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corporation Building	on crations
Fallaha	issee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOBAR 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 01/24/23 and assigned Florida document number L23000043395 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

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

. Florida

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

And the second of the second o

<u>Title</u>	Name	Address	Type of Action
MGR_	Jeremy Tyler Read	1821 Red Rock Rd	Add
		New Smyrna Beach, FL 32168	Remove
			Change
			Add
			Remove
			☐ Change
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ective d	ate, if other th	an the date o	of filing: [V/A			(opti	onal)	
<u>te:</u> If the	date is listed, the date inserted in	n this block do	es not meet	the applical	ole statutory	tiling requi	rements, thi	r ning.) rurs 8 date will r	nancio nusio2 not be listed :
rument s	effective date o	in the Departin	ent of State	's records.					
record	specifies a d	lelayed effec	tive date	, but not	an effect	ive time.	et 12:01 a	a.m. on tl	he earlier
he 90tl	h day after t	he record is	filed.		- 20	1		•	
-	July 1	J.L		2023					
led <u>S</u>			-						

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Typed or printed name of signee

Filing Fee: \$25.00