L23000450660

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COVER LETTER

TO:	Registration S Division of Co		·	
SUBJECT: MontesRenovationsLLC			LC	
		Name of Lin	ited Liability Company	
The encl	losed Articles o	f Amendment and fee(s) are sub	omitted for filing	
Please re	cturn all corresp	ondence concerning this matter	to the following:	
		Emmanuel Mo		
			Name of Person	
			Firm/Company	
	2229 Central Ave Apt # 2			
			Address	
		Fort M	lyers, FL. 33901	
			City/State and Zip Code	
			ontes renovations 23@gmail.co to be used for future annual report not	
For furth	ner information	concerning this matter, please c	all:	
	Emmanı	uel Montes Fonte	at (239) 371 35	
	Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed	d 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 Addre		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	T	.)		
ART	TCLES OF O		ION SO	3, 30
	O	ŀ		
MontosPo	novationsLLC			
	ted Liability Compar (A Florida Limited I.	iy as it now appears	on our records.)	<i>رح</i> : ک
	(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on Se		-
Florida document number <u>L2300045066</u>	0			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company her	<u>:</u> :	
MontesRenovation				
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the des	ignation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applic	rable:			
(Principal office address MUST BE A STREET ADDRESS)		2229 Central	Ave Apt #2 Fort Myers	s, FL. 33901
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)	_9229 Central A	Ave Apt #.2_Fort Myers.	FL 33901
B. If amending the registered agent and/or a agent and/or the new registered office addre Name of New Registered Agent:	ss here:	ddress on our rec Montes Fonte	ords, <u>enter the name of th</u>	ne new registere
New Registered Office Address:	2229 Centra	I Ave Apt # 2	a street address	
	_			00001
	For	t Myers City	Florida	33901
Name Dankstanad Amant's Signatura (Cakananina	Danistaged Agents	СЩ	г.ф	C 1741
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete p istered agent as p registered office o	performance of m rovided for in Ch	y duties, and I am familio apter 605, F.S. Or, if this	ar with and document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 Octubre,21 2023

Signature of a member or authorized representative of a member

Emmanuel Montes Fonte

Typed or printed name of signee