## L23000487737

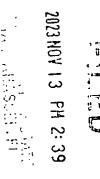
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## Registration Section Division of Corporations A2Z HOME RENOVATION LLC **UBJECT:** Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: ABDELWAHAB ELAZZOUZI Name of Person A2Z HOME RENOVATION LLC Firm/Company 6429 CHERRY GROVE CIR Address ORLANDO City/State and Zip Code FLORIDA E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: 914-2648 ABDELWAHAB ELAZZOUZI Daytime Telephone Number ( Name of Person nclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

O:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

A2Z HOME RENOVA	ATION LLC	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our reco led Liability Company)	ords.)
he Articles of Organization for this Limited Liability Compa lorida document number <u>L23000487737</u>	any were filed on 10/25/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited !	iability company here:	
2Z HOME RENOVATION LLC		
te new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	<u> </u>
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )		SHOV 13 PH 2
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>ent</u> o	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	,	Florida
	City .	Zip Code

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

1GR = Manager

MBR = Authorized Member

<u>itle</u>	Name	Address .	Type of Action
.MBR	ABDELWAHAB ELAZZOUZI	6429 CHERRY GROVE CIR ORLADO FL,32809	Add
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on NOVEMBER 15, and	i have to sent a co	py of my check	, and documents	again .				
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