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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email 1	Address:			
CINOTT	MUULESS.			



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RPM UNLIMITED REMODELING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

APR 1 1 2024

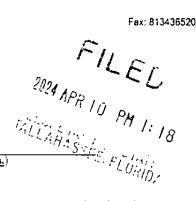
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4/9/2024 14:14:07 PDTs To: 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RPM UNLIMITED REMODELING 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 Co	mpany were filed on $\frac{11/30/2}{2}$	2023	and assigned
Florida document number L23000533237	<u>.</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
RPM UNLIMITED CONSTRUCTION LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	nation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	-		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our reco	rds, <u>enter the name</u>	of the new registered
New Registered Office Address:			
	Enter Florida .	street address	
		, Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am fa pter 605, F.S. Or. if	miliar with and Ethis document is
	If Changing Registered Agent,	Signature of New Regi:	stered Agent

4/9/2024 14:14:07 PDT

To: 18506176383

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Fax: 8134365206 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
		<del></del>	□Add
			Remove
			Enange 1
			Add
			Remove
			□ Remove
			□ Add
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			☐Change
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			□ Change

Fax: 8134365206