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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: AINT	No Problem Name of Lin	Renovation S L	_LC
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
	Sh	CINNON MCDO)	rald
	nin M	Problem Rehov	votichs LLC
	25 (Urma	ant Cir	
	_South Do	ytonu FL 32 City/State and Zip Code	129
	<u> </u>	Mrenovations (to be used for future annual repor	
For further information c	oncerning this matter, please	call:	PAUR DE
Shuhron Name o	MCDONAL C	at (<u>380</u>) <u>3</u> Area Code Di	2 2 2 3 AH 9: 33
Enclosed is a check for the	he following amount:		FL FL
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	The Centre	ss: Section Corporations of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A1N DYDDICM (Name of the Limited Liability)	Company as it now appears on our records.) imited Liability Company)
·	1 1
The Articles of Organization for this Limited Liability Con	npany were filed on 1321 and assigned
Florida document number <u>L2400007885</u>	· 1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
	(2)
Name of New Registered Agent:	
New Registered Office Address:	デニー :
new Registered Office Address.	Enter Florida street address
	. Florida
	City Zip Code

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 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 Title Name Address Type of Action □Remove ☐ Change AMBR Stephen Mrkus 1228 AVE K. - 37dd Ornord Bagg FL 32174 Remove Kenilworth Ave AMBR David Gascon 2361 South Paytona Fr 32/19 Remove \square Add ☐Remove ☐ Change

□ Change

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Filing Fee: \$25.00