## 109000038674

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·		
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECHETARY OF STATE
TALLAHASSEF FI DORE

D. BRUCE

MAR 18 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	REDI REN	NOVATIONS LLC		
		ited Liability Company		
	f Amendment and fee(s) are sulcondence concerning this matter	-		
		Elvira Hamui		_
	<del>-</del>	Name of Person		_
	_			
	3	332 ne 190th st. 1111	1	
		Address		-
		Aventura,FI 33180		
		City/State and Zip Code		- 2
	E-mail address: (	yhamui@hotmail.cor to be used for future annual rep	n ort notification)	10 H
For further information	concerning this matter, please of	eall:		AR 17
E	Elvira Hamui	at ( 786 )	267-4998	
Name	of Person		Daytime Telephone Numbe	D' 9: 26
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	ate of Status &
MAII	LING ADDRESS:	STREET/	COURIER ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Renovations LLC			
(Name of the Limited Liability (A Florida)	Company as it now appe Limited Liability Company	ars on our records.)		
(111011001	similes blasting company	,		
The Articles of Organization for this Limited Liability C	ompany were filed on	April 22, 2009	and assigned	
Florida document numberL0900038674				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company h	e <u>re</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:	4-1-1			
(Principal office address MUST BE A STREET ADDR	RESS)			
			28 3	
			≥8 <b>₹ →</b>	
Enter new mailing address, if applicable:			ASA AS	
(Mailing address MAY BE A POST OFFICE BOX)				
(Muning united MATT DE ATT OUT OF THE BOA)			A ₹ III	
	·	f	9 9	
B. If amending the registered agent and/or regist	tered office address on			
registered agent and/or the new registered office add	ress here:	<u> </u>		
Name of New Registered Agent:				
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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR'= Manager

MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action MGRM** David Zonana 3332 ne 190th st. 1111 ✓ Add Aventura Fl 33180 Remove ☐ Add Remove Add ☐ Remove ∏Add Remove  $\prod$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 15 2010 Dated\_ Signature of a member or authorized representative of a member Elvira Hamui Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00