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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	PUNTAARE	ENA REMODELATION LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please returr	all correspor	dence concerning this matter	to the following:	
		PABLO M SEPTIEM		
			Name of Person	
		PUNTAARENA REMODI	ELATION LLC	
			Firm/Company	
		8419 NORTH HAMNER	AVE.	
			Address	
		TAMPA, FL 33604		
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	ication)
For further i	nformation co	ncerning this matter, please ca	all:	
PABLO SE	PTIEM		813 403-2943	
Name of Person Area Code Daytime Telephone Nu				Telephone Number
Enclosed is	a check for the	e following amount:		,
\$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUNTAARENA REMODELATION LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Compared Florida document number L10000071880.	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SION SECRET
Enter new mailing address, if applicable:		AM 5
Mailing address MAY BE A POST OFFICE BOX)		TO TOP
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		s, enter the name of the r
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	ss
	រា	lorida

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 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
AMBR =	ROBERTO FERNANDEZ	4403 W MINNEHAHA ST	Add
		TAMPA, FL 33614	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
	 		Add
			□ Remove
			Change
			Add
			☐ Remove
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			Add
			□ Remove
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			Add
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			☐ Change

PLEASE ADD ROBERTO) FERNANI	DEZ AS A	MBR						
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