K11000006017

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SECREDARY OF STATE

2022 HAY 31 AM 11:

COVER LETTER

TO: Registration Se Division of Cor				
AGUILAR SUBJECT:	RENOVATIONS LLC			
SUBJECT:	Name of Lin	nted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CARLOS AGUILAR			
		Name of Person		
		Firm Company		
	6936 OLD GATE CIRCL			
		Address		
	NEW PORT RICHEY, FL			
		City/State and Zip Code		
	carlosaguilar555@gmail.co			
For further information c	e-mail address; ; oncerning this matter, please c	to be used for future annual report not all:	ancution)	
CARLOS AGUILAR		727 326-3394		
Name o	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	vetion	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED

2022 MAY 31 AM 11: 13

AGUILAR RENOVATIONS LLC

OVATIONS LLC

(Name of the Limited Liability Company as it now appears on our record FALL AHASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L11000036017}{L11000036017}$.	pany were filed on $\frac{03/24/201}{}$	1 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	Hiability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	, enter the name of the new registered	
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE R. MATUTE	6936 OLD GATE CIRCLE	□Add
		NEW PORT RICHEY, FL 34655	■Remove
			☐ Change
MGR	CARLOS R. AGUILAR	6936 OLD GASTE CIRCLE	■Add
		NEW PORT RICHEY, FL 34655	□Remove
			□Change
			□Add
		···	□Remove
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		-	☐ Change
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			□Remove
			□ Change

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Effective date, if other than 1	he date of filing: 05/26/22	(optional)
(If an effective date is listed, the date	must be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing req	nan 90 days after filing.) Pursuant to 605.0207 (
document's effective date on the		
the record specifies a delayed effec- ford is filed.	tive date, but not an effective time, at 12:01 a.m. on th	e earlier of: (b) The 90th day after the
Dated MAY 26	2022	
Col	Signature of a member of authorized representative of a	member
6. N. 66		
CARLOS R. AGUIL	AR Typed or printed name of signee	