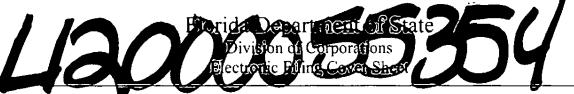
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

mail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MG REMODELING AND CONSTRUCTION SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help 4202 1 2 YAM T. LEMIEUX From: Rorian Albano-

Fax: 18134457083

To: LLC Amendments

Fax: (850) 617-6383

Page: 2 of 5

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: MG REMODELING AND CONSTRUCTION SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

info@activatemylicense.com

E-mail address: (to be used for future annual report notification)

City/State and Zip Code

For further information concerning this matter, please call:

ROMAN ALBANO

813

932-5244

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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 Address;

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

From: Roman Albano. DocuSign Envelope ID: ABA57E2B-569F-4941-B937-F2F44842B72B

Fax: 18134457083

To: LLC Amendments

Fax: (850) 617-6383

Page: 3 of 5

05/21/2024 3:22 PM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

M G REMODELING AND CONSTRUCTION S	SERVICES LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	Lnow appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on 4/24/2012	and assigned
Florida document number L12000055354		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:)
M G REMODELING AND ROOFING, LLC	1.041	
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		É Em.
Enter new mailing address, if applicable:		N ;=
(Mailing address MAY BE A POST OFFICE BOX)		5 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		PH
B. If amending the registered agent and/or registered office address	ss on our records, <u>enter the na</u>	me of the few registered
agent and/or the new registered office address here:		3
Name of New Registered Agent:		
New Basistand Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent	

Zip Code

From: Roman Albano Fax: 18134457083 To: LLC Amendments Fax: (850) 617-6383 Page: 4 of 5 O5/21/2024 3:22 PM DocuSign Envelope ID: ABA57E2B-569F-4941-B937-F2F44842B72B Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added

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or removed	HEUIN	vur	recorus:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Fax: (850) 617-6383

Page: 5 of 5

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