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COVER LETTER

Division of Co	rporations			
Renovation SUBJECT:	ns R Us LLC	•	,	
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
		Joao Muller		
		Name of Person		
		Renovations R Us Llc		
		Firm/Company		
	642	4 Raleigh St #3102		
		Address		
	Orla	indo, Fl 32835		
		City/State and Zip Code		
		ationsrustle@gmail.com to be used for future annual report noti	Contina	
or further information of	concerning this matter, please o	·	ucation)	
	this matter, prease e			
Joao Muller		407 541-7033 at ()		
Name (of Person	Area Code Daytim	e Telephone Number	
Inclosed is a check for t	he following amount:			
≅ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addre	<u>ss:</u>	<u>Street Address:</u>		
Registration		Registration Section		
Division of C P.O. Box 632		Division of Cor The Centre of T	•	

Tallahassee, FL 32314

TO: Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Renovations R Us Llc	(A) 20 (A) 20	41
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)	<u> </u>
The Articles of Organization for this Limited I	liability Company were filed on	11/15/2012	and assigned
Florida document number	3		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	and the first of the filter Commencer Widow do	of marking will () as the c	LL
•	• • •	signation T.I.C of the a	noreviation 1.12.C.
Enter new principal offices address, if appli			
Principal office address MUST BE A STREE	ET ADDRESS)		·
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE	<u></u>		
			
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, <u>enter the nar</u>	ne of the new registe
Name of New Registered Agent:	Maria Eduarda Muller		
-	6424 Raleigh St, #3102		
New Registered Office Address:		da street address	
	Orlando	, Florida <u></u>	2835
	Ciţ		Zıp Code
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete performance of i istered agent as provided for in G	ny dulies, and Lam hapfer 605, F.S. Or	familiar with and if this document is

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
MGR	Maria Eduarda Muller	120 Whitehall Way, Kissimmee Fl 34758	=Add
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Effective date, if other that If an effective date is listed, the date	n the date of filing	;	e etimo on more about ev	(optional)	A., 405 0307 13
Note: If the date inserted in	this block does not m	eet the applicable sta	utory filing requirer	nents, this date will not	be listed as the
document's effective date on	the Department of St	tate's records.			
and the state of the state of	or in the contract of		2.03	P 8 11	S
ne record specifies a delayed e ord is filed.	lective date, but not a	an effective time, at 1	2:01 a.m. on the car	her of; (b) I he 90th di	iy after the
Dated		2020			
	knn/h	Millor			
	/N.LDC7 / I	/www			

Filing Fee: \$25.00

Typed or printed name of signee