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J. HARRIS

COVER LETTER

Divisio	n of Corpo	rations		
TL SUBJECT:		ELING LLC		
Jebuci			ed Liability Company	
The enclosed A	rticles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all	correspond	ence concerning this matter t	o the following:	
		TERESITA LUGO		
			Name of Person	
		TLC REMODELINGLLC		
			Firm/Company	
		III E MONUMENT AVE	SUITE# 303	
			Address	
		KISSIMMEE FLORIDA 34	1741	
			City/State and Zip Code	
		teresitatleremodelinglic.com		
		E-mail address: (to	o be used for future annual report no	otification)
For further info	rmation con	cerning this matter, please ca	II:	
TERESITA LU	GO		407 690-6171	
	Name of P	erson	Area Code Dayti	me Telephone Number
Enclosed is a ch	neck for the	following amount:		
□ \$25.00 Filin	ng 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 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

TLC REMODELING LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L-13000021618	were filed on 02/11/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 E MONUMENT AVE	SUITE#303
Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE FLORIDA 3474	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 E MONUMENT AVE KISSIMMEE FLORIDA 3474	SUITE#303
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		s, enter the name of the no
egister ou agent and to the new register ou office address nerv	~·	
Name of New Registered Agent:		
New Registered Office Address:		
_ _	Enter Florida street addres	
		orida
	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 Changing Registered Agent, Signature of New Registered Agent-

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person or removed from our records</u> :	being added
MGR = Manager ·	

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change
		- Anna Anna Anna Anna Anna Anna Anna Ann	🗆 Add
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			□ Change

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Filing Fee: \$25.00