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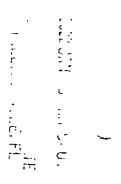
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A. BUTLER
JAN 1 4 2022

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
	NG RENOVATION SERVICES,	LLC.	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	PATRICK BOUDEAU		
		Name of Person	
	HOUSING RENOVATIO	N SERVICES, LLC.	
	Name of Person HOUSING RENOVATION SERVICES. LLC. Firm/Company 7961 NW 5TH CT # 2 Address MIAMI . FL 33150 City/State and Zip Code PATRICK01B@YAHOO.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: BOUDEAU 305 370-9754 at (
	7961 NW 5TH CT # 2		
		Address	
	MIAMI , FL 33150		
		City/State and Zip Code	
	-		atification)
For further information			on activity
PATRICK BOUDEA	U	305 370-9754	
Nan	ne of Person		ime Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			Section
Division o	f Corporations	Division of Co	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

HOUSING RENOVATION SERVICES, LLC.		a sa cept
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on	our records.)
The Articles of Organization for this Limited Liability Compared Florida document number L13000033998		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
CONSTRUCTION RENOVATION SERVICES. LLC.		
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office and/or the new registered office address here:	e address on our recor	ds, enter the name of the new regist
gent and of the new registered office address serve.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	
	Enter Piorida s	reri auaress
	City	, Florida
	City	λήν Coαe

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 Membe

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Петоче
			Change
			🗆 Add
			Петюче
			□Change
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			Change
			□Add
			□Remove
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vetive	date if other than the date of filing:
effecti	e date, if other than the date of filing:
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
filed	
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ed	/02/2022
	Signature of a member or authorized productive of a member
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