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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone

: (407)370-3686

Fax Number

: (407)370-3120

RIVER

SEP 1 : 2013

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

Email Address: consulting juliano@ larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLL REMODELING, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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COVER LETTER

| | Registration Se Division of Cor | | | |
|---|------------------------------------|--|--|---|
| outour. | | ODELING, LLC | | |
| SUBJEC | | Name of Lim | ited Liability Company | |
| | | Amendment and fee(s) are sub | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | CAROLINE LARSON | | |
| | | | Name of Person | |
| | | LARSON ACCOUNTING | GROUP | |
| Firm Company | | | | |
| | | 7901 KINGSPOINTE PKV | V STE 17 | |
| | | | Address | |
| | | ORLANDO, FL 32819 | | |
| City/State and Zip Code | | | | |
| | | CONSULTING JULIANA | @LARSONACC.COM to be used for future annual report not | (fication) |
| For furth | er information c | oncerning this matter, please co | | |
| | S LAMELAS | | 407 3703686 at () | |
| *************************************** | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed | l is a check for the | he following amount: | | |
| ■ \$25. | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 7. 10 71 2:08

| | | L · | 1.0 (= = | |
|--|----------------------|--|----------------------------|-------------------------|
| | CLL REMODEL | | | |
| (Name of the Limi | ted Liability Comp | any as it now appears of Liability Company) | on our records.) | |
| | (A Piorida Ellianco | Chaosiny Company) | | |
| The Articles of Organization for this Limited L | iability Compan | y were filed on $\frac{01/07}{1}$ | 7/2014 | and assigned |
| Florida document number L14000002690 | | | | |
| | | | | |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited lia | bility company here | 2: | |
| N/A | | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liab | offity Company," the desi | ignution "LLC" or the al | breviation "L.L.C" |
| Enter new principal offices address, if applic | able: | N/A | | |
| Principal office address MUST BE A STREI | | | | |
| Trincipal office address SIOST DE A STREE | . i <u>addiklooj</u> | | | |
| | | | · | |
| | | N/A | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or | | address on our rec | ords, <u>enter the nan</u> | ie of the new registere |
| agent and/or the new registered office addre | ss nere: | | | |
| | N/A | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | | Enter Florid | a street address | |
| | | | , Florida | |
| | | Cuy | | 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.

| lf Changing Registered | Agent, Signature of New | Registered Agent |
|------------------------|-------------------------|------------------|
|------------------------|-------------------------|------------------|

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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 | MARILIS LAMELAS | VENIDA BRAZ LEME 1431 | 🗆 Add |
| | | JARDIM SAO BENTO | = Remove |
| | | SAO PAULO 02511000 BR | □Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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| | | | □Remove |
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| | | | □ Add |
| | | | Remove |
| | | | Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ 2020 Signature of a member or authorized representative of a member CARLOS LAMELAS Typed or printed name of signee

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