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O SIMMONS FEB 0 7 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	<u> And Remock Name of Limi</u>	C 100 LLC ted Liability Company	<u>. </u>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Trahur	a Al Entin	
	Entin	LCIU Group Firm/Company	LLC
	(033 6	S Andrews Au	10. Ste-500
	Ft. Laux	City/State and Zip Code	301_
SUBJECT:			
For further information cor	ncerning this matter, please ca	II:	
1 Tonika Name of I	H Entin	at (<u>305</u>) <u>540</u> – Area Code Daytime	3445 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

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

Island'	Remodeling LL	<u>C</u>
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number <u>L14COCOS48</u>		27, 2014 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	14	
The new name must be distinguishable and contain the word	k "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	• •	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
-	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_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	<u>Carmen He</u>	rnardez 174.60 50	33th Carlox
		Hiramar, FL 3	3 <u>09</u> □ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			□ Change
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			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change

(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 605.020' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the content		
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		er of:
Signature of a member or authorized representative of a member	14/1/12	
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Filing Fee: \$25.00