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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CASA BEI	.LA HOME IMPROVEMENT	SERVICES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARCOS REZENDE		
	_	Name of Person	.
	CSG - CAPITAL SERVIC	CES GROUP, INC.	
		Firm/Company	
	1191 E NEWPORT CENT	'ER DR #103	
		Address	
	DEERFIELD BEACH - F	I 33442	
		City/State and Zip Code	
	CSG@THEWAYGROUP.		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
MARCOS		954 427-4770	
Name o	f Person	at () Area Code Daytim	te Telephone Number
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA BELLA HOME IMPROVEMENT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/18/2014}{1}$ and assigned Florida document number <u>L14000113543</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CASA BELLA HOME SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City

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 Member

Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the app	dicable statutory filing r	than 90 days after filing.) Pursus equirements, this date will no	int to 605,0207 (of be listed as t
record specifies a delayed effecti d is filed.	ve date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
January 23rd	2023			
Dated		·		

Typed or printed name of signee