L14000158740

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A. RIVERS SEP 30 2023

COVER LETTER

TO: Registration Se Division of Cor		£,	
SUBJECT: RO	Modeling Concentration	cepts LLC ited Liability Company	**************************************
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	K	evin King Name of Person	
	Re,	Judeling Concept	5
	55	148 W. Bayshore	dr.
	Remodeling	City/State and Zip Code Coverty 370 and to be used by future annual report no	32127 41,com
For further information co	oncerning this matter, please ca		
Key h	r Person	at (<u>941</u>) <u>1776 - 3</u> Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
E\$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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

hemodeling conc	<u>-/</u>	
(<u>Name of the Limited Limitity Company</u> (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L14006 158740</u> .	vere filed on $IDIB/IH$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words. Limited Liability		tion "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)		
	<u>.</u>	C23
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of t	he new registered
		r.
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida	2 Code

New Registered Agent's Signature, if changing Registered Agent:

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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

-	Just name on business from:
_	Just name on business from: Remodeling Concepts LCC To: Cardinal Windows SDOOTS L.L.C
	To: Cadinal Windows SDOORS / L.C.
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lf an eff <u>Note:</u>	ive date, if other than the date of filing: SI 29 DO 3 (optional)
e recor rd is fi	rd 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 led.
Dated	08/31/23 4:00
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

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
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	',		□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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			□Remove
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