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## COVER LETTER

TO: Registration Section Division of Corporations

O & M G SUBJECT:	UTTERS AND REMODELING	G FL, LLC	
	Name of Lin	sited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIA ROMERO		
	<del></del>	Name of Person	<del> </del>
	<del> </del>	Firm/Company	
	3515 SUNSET ISLES BL	VD	
		Address	
	KISSIMMEE, FL 34746		
	EXPERTAX@HOTMAIL.	City/State and Zip Code .COM	
	<del>-</del>	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
MARIA ROMERO		407 552-2745	
Name	of Person		Telephone Number
Enclosed is a check for t	the 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 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

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O & M GUTTERS AND REMODELING FL, 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  $\frac{01/28/2015}{2}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: O & M REMODELINGS FL, 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

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

Page 1 of 3

. 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		FILED		
<u>Title</u>	<u>Name</u>	Address	FILED 2017 DEC 28 PM 1: 41	Type of Action
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(If an effe Note:   i	the date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	DECEMBER 21 2017
	··· <del>··································</del>

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Typed or printed name of signee

Filing Fee: \$25.00