

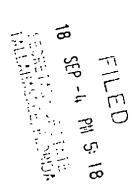
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COVER LETTER

Division of Cor	porations		
SUBJECT: M.	4. REMODEL	NG LLC	
	Name of Lam	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plance raturn all correction	ndence concerning this matter	to the fall swine:	
r lease return an correspo	adence concerning this matter	to the following.	
	11110 100		
	HILA KEL	Name of Person	-
		Name of Person	
	M A REM	ODEL NG 110	
	. 1. 4. 101.	ODELING UC Firm/Company	
	,	0	
	4516 BA	R HARBOR DR	TIVE
		Audress	
	ORLANDO	FL 32821	
		City/State and Zip Code	
	XHESIKAHILA	a 2 4MAIL. COM	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
HILA KE	<u> </u>	at (407) 493 - Area Code Daytime	1682
Name of	rerson	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

LLC

M.G. REMODELING

(Name of the Limited	Liability Comp A Florida Limited	any as it nov Liability Cor	r appears on our ro upany)	ecords.)	····
The Articles of Organization for this Limited Lia Florida document number <u>L 15 000093</u> This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to a	<u>363</u> . ving:		,	2015	and assigned
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Compan	y," the designation '	"LLC" or the	abbreviation, L.L.C.
Enter new principal offices address, if applical (Principal office address MUST BE A STREET			E BAR HE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered o			· · ·	r the name of the ne
Name of New Registered Agent:	HILA	KEL			
New Registered Office Address:		BAR	HARBOR		£
			iter Florida street ad		
	ORLA	シアン	<u>-</u>	. Florida _	32821 Zip Code
New Registered Agent's Signature if changing Re					гір Сойе

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HILA KEL	4516 BAR HARBOR DRIVE	Add
		ORLANDO, FL 3282	□ Remove
			Change ADARSI
			🗆 Add
			□ Remove
			🗆 Change
	<u> </u>		🗆 Add
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(If an e <u>Note</u>	ctive date, if other than the date of filing:
If the ro	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Date	d 8 August 29 2018
	The second secon

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Filing Fee: \$25.00