

L15000093363

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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O SIMMONS
SEP 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.G. REMODELING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HILA KEL

Name of Person

M.G. REMODELING LLC

Firm/Company

4516 BAR HARBOR DRIVE

Address

ORLANDO, FL 32821

City/State and Zip Code

XHESIKAHILA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HILA KEL

Name of Person

at (407) 493-7682

Area Code

Daytime Telephone Number

Enclosed is a check for 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**

M.G. REMODELING 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 5/27/2015 and assigned
Florida document number L15000093363.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4516 BAR HARBOR DRIVE

ORLANDO, FL 32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4516 BAR HARBOR DRIVE

ORLANDO, FL 32821

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:

HILA KEL

New Registered Office Address:

4516 BAR HARBOR DRIVE

Enter Florida street address

ORLANDO

City

Florida 32821

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	HILA KEL	4516 BAR HARBOR DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 3282	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change ADDRESS
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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18 SEP - 14 PM 5:11 PM

18 SEP - 4 PM 5:19

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Dated 8 August 24, 2018



Signature of a member or authorized representative of a member

HILA KEL

Typed or printed name of signee