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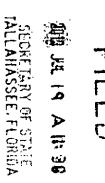
(Re	questor's Name)	, .
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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# **COVER LETTER**

ro:	Registration Sec Division of Corp			
		MODELING SPECIALISTS	LLC	
SUBJE	ECT:	Name of Limi	ted Liability Company	
Гће еп	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ESSAM SHAMSIDEEN		
		GROUND HOG REMODEL	Name of Person	
		7780 49ST N SUITE 404	Firm/Company	
		PINELLAS PARK FL 3378	Address	
		samdeen.his@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
JAME	S BUCKLEY		727 542-9082	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>≣ \$</b> 2	5.00 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 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

HOME REMODELING SPECIALISTS LLC

GROUND HOG REMODELING LLC

F	L	F	[]
•	***	-	لبيط

The Articles of Organization for this Limited Liability Company were filed on

| Company | Compa

### 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 Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7780 49TH ST N SUITE 404
(Principal office address MUST BE A STREET ADDRESS)	PINELLAS PARK FL 33781
Enter new mailing address, if applicable:	
(Muiling 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 ac	ldress
	0	, Florida
	City	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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<b>Note:</b> If the date inserted in the	must be specific and cannot be prior to dat	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 tatutory filing requirements, this date will not be listed as t
If the record specifies a dela (b) The 90th day after the	yed effective date, but not an record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated	2019	
	283e	
<del> </del>	Signature of a member or authorized	representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00