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TO:	

Registration Section Division of Corporations

SUBJECT:	ZABRY RI	EMODELING LLC	
sobster.		Name of Limited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are submitted for filing.	
Please return	all correspo	ndence concerning this matter to the following:	
		JESUS LEIVA	
		Name of Person	
		ZABRY REMODELING LLC	
		Firm/Company	
		1865 MAPLE DR	
		Address	
		FORT MYERS, FL 33907	
		City/State and Zip Cod	e
		taxgeneral2010@gmail.com	
		E-mail address: (to be used for future annua	al report notification)
For further in	nformation c	oncerning this matter, please call:	al report notification) ALAH BEC BASS BA8-9250
JESUS LEY	'VA	239 8 at ()	848-9250 SSA
	Name o		Daytime Telephone Number
			Daytime Telephone Number P S = 5
Enclosed is a	a check for th	ne following amount:	
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee Certified Copy (additional copy is e	Certificate of Status &

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

ZABRY REMODELING LLC	
(Name of the Limited Liability Comp. (A Florida Limited	nany as it now appears on our records.) [Liability Company]
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}150001979998}{\text{L}150001979998}$.	y were filed on 11/23/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
JEZABRI REMODELING LLC	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Citv Zip Code
	op sout

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANGEL CANSECO	1835 MAPLE DR	≅ Add
		FORT MYERS, FL 33907	□ Remove
			☐ Change
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Filing Fee: \$25.00