10/3/2019   Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
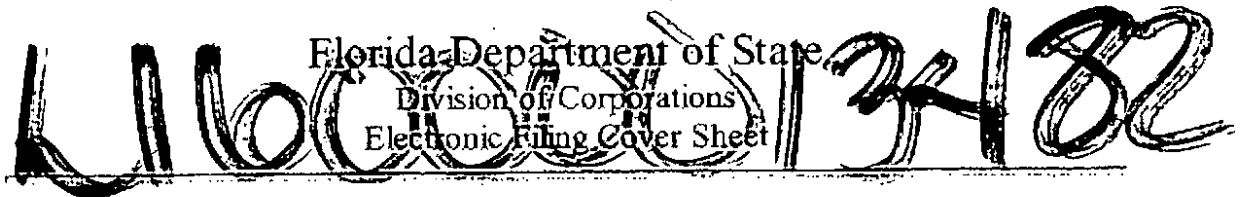
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000294917 3)))

H190002949173ABC9

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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : LOLA HOLDINGS CORPORATION
        Account Number  : I20090000034
        Phone           : (954)782-3610
        Fax Number      : (954)366-3239
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

        Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MODESTO APPLIANCES & HOME IMPROVEMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

Electronic Filing Menu   Corporate Filing Menu   Help T GLASS

OCT 0 4 2019

ARTICLES OF AMENDMENT (((H19000294917 3)))
TO
ARTICLES OF ORGANIZATION
OF

MODESTO APPLIANCES & HOME IMPROVEMENTS 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 01/20/2016 _____ and assigned

Florida document number L16000013482 _____.

This amendment is submitted to amend the following:

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

INTER RM CONSTRUCTION LLC
_____
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)

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

_____, **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**

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

(((H19000294917 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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2019 OCT -3 PM 4:13

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 2ND   2019

_____
Signature of a member or authorized representative of a member

REVETRIO S MODESTO
_____
Typed or printed name of signee

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