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TO: Registration Section **Division of Corporations** Gerrell Remodeling Company 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: Michael Gerrell

Name of Person

Gerrell Remodeling Company LLC

Firm/Company 10800 Kilcrease Way
Address Tallahassee FL 32305
City/State and Zip Code <u>Gerrell remodeling e gmail· (om</u>
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 443 - 4457
Area Code Daytime Telephone Number Michael Gerrell Name of Person

Enclosed is a check for the following amount:

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\$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

Gerrell Remodeling Company	LLC
(Name of the Limited Liability Company às it now (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed	on
Florida document number L 16 000 13 92 43.	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"," the designation "L.L.C." 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)	
Maning undress MAT BE A POST OFFICE BOX	100
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ess on our records, enter the name of the ner
Name of New Registered Agent:	FO BY
New Registered Office Address:	ter Florida street address
	, Florida

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
<u>Ambr</u>	Nickolay Mineyer	10800 Kilcrease Way Tallehassee FL 3230	✓ Add
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	specifies a c n day after t			te, but not an	effective	e time, at 12	:01 a.m.	on the e	earlier
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Page 3 of 3

Filing Fee: \$25.00