## 1600139243

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500312955665

05/08/18--01018--029 \*\*25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -8 AM 6: 41

N COOPER MAY 11 2018

## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp						
cun ic		modeling Company LLC					
SUBJE	LI:	Name of Limi	ted Liability Company				
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		Michael Gerrell					
			Name of Person	<del></del>			
		Gerrell Remodeling Com	pany LLC				
			Firm/Company	<del></del>			
		10800 Kilcrease Way					
		Address					
		Tallahassee FL 32305					
		City/State and Zip Code					
		gerrellremodeling@gmail E-mail address: (	.com to be used for future annual report notif	fication)			
For furt	her information c	oncerning this matter, please ca	all:				
Michae	el Gerrell		850 443-4457				
	Name o	f Person	Area Code Daytimo	e Telephone Number			
Enclose	ed is a check for the	ne following amount:					
\$25	i.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)			
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	on			

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, Fl. 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gerrell Remodeling Company LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	<del></del>	
	and assigned		
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<b>- - - - - - - - - -</b>	
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
		CON RYY	
Enter new mailing address, if applicable:		RP PO	
The Articles of Organization for this Limited Liability Company were filed on Aug Florida document number L16000139243  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company her The new name must be distinguishable and contain the words "Limited Liability Company," the de 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Flori		S RAI	
		æ æ	
		er the name of the new	
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

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>:

MGR = 'Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nikolay Mineyev	10800 Kilerease Way Tallahassee 1	
			⊟ Remove
			□ Change
AMBR	Jacob Gerrell	10800 Kilerease Way Tallahassee I	Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
		<del></del>	□ Remove
			Change
<del>.                                    </del>		<del></del>	Dbb 🗆
			Remove
			Change

<del> </del>				
		· · ·		
				<del></del>
			<del></del>	
				<b>=</b>
				MAY MAY
		-		MAY - 8
			<u> </u>	*
				<del></del>
				-
	·	<u>-</u>		
	<del></del>			
			-	
Effective date, if other than the date	of filing:		(optiona	l)
If an effective date is listed, the date must be sp <b>Note:</b> If the date inserted in this block d	secitic and cannot be prior	r to date of filing or mo	re than 90 days after filing requirements, this day	ig.) Pursuant to 605.0 te will not be listed
document's effective date on the Departi				
he record specifies a delayed effo The 90th day after the record i	ective date, but no	ot an effective ti	me, at 12:01 a.m	. on the earlier
May 6 Dated	2018			
Dated May 6  Mill Genel	<u></u>			
Man Tend	nure of a member or auth		No. of the contract of the con	
Çinn.	dure of a member or soft	いかしょいほ かいかたいくいりじけいか	n a memore	

Page 3 of 3

Filing Fee: \$25.00