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## **COVER LETTER**

	porations  Remodeling Services LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Volodymyr Tymchenko			
	VS Custom Remodeling L	Name of Person LC		
	3050 Garfield Street	Firm/Company		
	Hollywood, FL 33021	Address		
	valdaistar1@gmail.com	City/State and Zip Code		
For further information of	E-mail address: ( concerning this matter, please co	to be used for future annual report notif all:	ication)	2010 DEC 17
Volodymyr Tymchenko		305 290-9589		
Name (	of Person		Telephone Number	-P [1]
Enclosed is a check for t	he following amount:			<b>?</b> ? ω
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional co)	of Status &

MAILING ADDRESS:

TO:

Registration Section

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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VS Custom Remodeling Services LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L16000146731	pany were filed on <u>08/05/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
VS Custom Remodeling LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2016
Principal office address MUST_BE A STREET ADDRES	(S)	2. DE
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		70 TO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>μ</u> . ω
muning dantess share be a 1 out of 1 teleboxy		70
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Guer Funda Suvertaures	
	Flori	ida = Ziv Code
	City	zip Coae

#### 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>	<u>Address</u>	Type of Action
MGR	Tetiana Rebeniuk	1600 Tallwood Avenue, apt.306, Hollywood, FL 33021	<b>=</b> Add
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Tective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	e specific and ca c does not mee	mnot be prior to et the applicat	date of filling or	more than 90 da	(optional) ays after filing.) ats, this date v	Pursuant to	- <b></b> 605.02
record specifies a delayed e The 90th day after the recor	effective dat d is filed.	te, but not	an effective	time, at 12	2:01 a.m. c	on the ea	rlier o
nted Desember 12	·	2018	<u>.</u>				
			1.11				

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Typed or printed name of signee

Filing Fee: \$25.00