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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

	Registration Sec Division of Corp			
eno nec		EMODELING SERVICES LL	JC.	
SUBJEC	1:	Name of Limi	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are subi	mitted for filing.	
Please ret	urn all correspon	ndence concerning this matter t	to the following:	
		JULIO C ALMODOVAR		
			Name of Person	
		A.A. & J. REMODELING	SERVICES LLC.	
			Firm/Company	
		2436 FABRI CIR		
			Address	
		ORLANDO FL 32817		
			City/State and Zip Code	
		ALMODOVAR 567@YAH		
		E-mail address: (t	to be used for future annual report notific	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
JULIO C ALMODOVAR			407 729-0650at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

A.A. & J. REMODELING SERVICES LLC.		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconnited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on FLORIDA	and assigned
Florida document number L16000195200		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES.	<u></u>	M M M M M M M M M M M M M M M M M M M
		00 00 00 00 00 00 00 00 00 00 00 00 00
Enter new mailing address, if applicable:		A 250 C
(Mailing address MAY BE A POST OFFICE BOX)	 :	9: ST 114
		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, enter the name of the neg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
· 		`lorida
	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, 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
MGRM	ALMODOVAR, JULIO C	2436 FABRI CIR	
		ORLANDO FL 32817	■ Remove
			☐ Change
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			Change
			Add
			Remove
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ctive date, if other than effective date is listed, the date	must be specific and canno	ot be prior to date of	filing or more than 90 da	, (optional) lys after filing.) Pursuant to	605
: If the date inserted in the ment's effective date on the	is block does not meet th	ne applicable statu	tory filing requirement	nts, this date will not be	liste
ment serrective dute on t	ie Department of State 3	records.			
ecord specifies a dela	ived effective date	hut not an eff	ective time lat 13	2:01 am on the e	arlia
e 90th day after the	record is filed.	bat not an en	cetive time, at 12		31 110
d <u>May 8</u>	. 20	18 			
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Typed or printed name of signee

Filing Fee: \$25.00