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(Re	questor's Name)	
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PICK-UP	(City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ed Copies Certificates of Status	
(Bu	siness Entity Nam	e)
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Special Instructions to	Filing Officer:	
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December 11, 2017

JOSUE MEDINA 10936 N HYACINTH AVE TAMPA, FL 33612

SUBJECT: NEW BEGINNING REMODELING LLC

Ref. Number: L17000013478

We have received your document for NEW BEGINNING REMODELING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist Letter Number: 317A00024954

RECEIVED

JAN - 5 22

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New beginning Remodeling Ilc						
(Name of the Lim	ited Liability Comps (A Florida Limited	i <mark>ny as it now appears (</mark> Liability Company)	on our records.)			
The Articles of Organization for this Limited I	Liability Company	were filed on 01/17	7/2017		and assigne	ed
Florida document number L17000013478	·•					
his amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here	:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or	the abbrevi	ation "L.L.C.	 -
Enter new principal offices address, if applicable: Josue Medina						
Principal office address MUST BE A STRE	ET ADDRESS)	10936 N Hyacinth	ave tampa fl 336	512		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	: ROY)	 				
Mailing address MAT BE AT OST OFFICE	<u> </u>			— 1.		
3. If amending the registered agent and	l/or registered o	ffice address on o	our records, <u>e</u> i			he_
egistered agent and/or the new registered o	office address her	<u>e</u> :		TARY ASSE	N - 5	-
Name of New Registered Agent:	Josue Medina			17 (F)		<u>;</u> _
New Registered Office Address:	10936 N Hyaci		street address	000 000 000 000 000	e sparme of the n	
	tampa		, Flo rid	33612		
		City	, FIOTIU	4	in 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
MGR	GR Josue Medina 10936 N Hyacinth av		= Add
		10936 N Hyacinth ave tampa fl 336	Remove
		- 	☐ Change
MGR	Rebeca Medina		
			■ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
		ىن ت ت	Add Remove
			Remove
			□ Add
			□ Remove
			Change

Rebeca medina is to be remove	as owner of the comp	any and Josue medi	na is the new owne	r of the comp	any .
 					
					
					
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ective date, if other than the d	ute of filing:		(0)	otional)	
effective date is listed, the date must b	e specific and cannot be		r more than 90 days a	fter filing.) Pur-	
te: If the date inserted in this bloc ument's effective date on the Dep			ing requirements,	this date will	not be listed
record specifies a delayed e		not an effective	e time, at 12:0		
he 90th day after the recor	d is filed.			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	· —
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12. /a	MARKET L	authorized representat			1 7 7

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Typed or printed name of signce

Filing Fee: \$25.00