

U7 000038361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

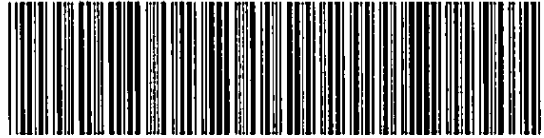
(Business Entity Name)

(Document Number)

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2018 DEC -3 PM 4:06
FILED
SECRETARY OF STATE
HALL COUNTY, MISSISSIPPI

cc/cus
Amend/Name
chg

DEC 06 2018
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPPORTCART SOLUTIONS 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:

JOEL BELLEGARDE

Name of Person

SUPPORTCART SOLUTIONS LLC

Firm/Company

2001 NORTH DIXIE HWY SUITE D

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

OFFICE @DESIREFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL BELLEGARDE

877 919-0003
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

SUPPORTCART SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 DEC -3 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/17/2017 and assigned
Florida document number L17000038361.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

REMARKABLE REMODELING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12485 SW 137TH AVENUE

SUITE 0212

MIAMI, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

279 NE 12TH AVENUE

SUITE 101

HOMESTEAD, FL 33030

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DESIR FINANCIAL CONSULTING LLC

New Registered Office Address:

1000 EAST ATLANTIC BLVD SUITE 203

Enter Florida street address

POMPANO BEACH

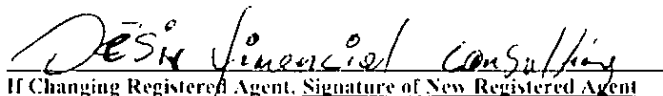
Florida 33060

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOEL BELLEGARDE	279 NE 12TH AVENUE	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL	<input type="checkbox"/> Remove
		33030	<input type="checkbox"/> Change
MGR	GEORDANY ANDRE	2001 NORTH DIXIE HWY	<input type="checkbox"/> Add
		POMPANO BEACH, FL	<input checked="" type="checkbox"/> Remove
		33060	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____

JOEL BELLEGARDE

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Filing Fee: \$25.00