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SHI	вјест		action and remodeling LLC			
301	DOLC I	•	Name of Limi	ited Liubility Company		
The	enclos	sed Articles of	Amendment and fee(s) are subt	mitted for filing.		
Plea	ase retu	ırn all correspo	ndence concerning this matter	to the following:		
				Randall Shuler		
				Name of Person		
			Pro C	Construction and Remodel	ing	
				Firm/Company		
			7450	E. Irlo Bronson Mem. H	wy.	
				Address		
				St. Cloud Fl. 34771		
				City/State and Zip Code	- 	
				Randyxlt@yahoo.com		
			E-mail address; (1	o be used for future annual r	eport notification)	
For	further	information c	oncerning this matter, please ca	dl:		
		Randa	ll Shuler	407	556 7465	
	_	Name o	f Person	at () Area Code	Daytime Telephone Number	_
Enc	losed i	s a check for th	ne following amount:			
	\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S	Status &

MAILING ADDRESS:

TO:

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

Pro Constru	ction and Remodeling LLC.		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	03/03/17	and assigned
Florida document number L17000046494	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or the	abbreviation #L.C. 200
Enter new principal offices address, if applicable:			日 答
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			C
			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
	City	Florida _	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>	Address	Type of Action
MGR	Randall A. Shuler	7450 E. Irlo Bronson Mem. Hwy. S ST. CLowd FL. 3477/ 日	■ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
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an effective	late, if other than the date of filing:e date is listed, the date must be specific and cannot be prior to date of filin	g or more than 90 days after filing.) Pursuant to 605.0
ote: If th	e date inserted in this block does not meet the applicable statutory seffective date on the Department of State's records.	y filing requirements, this date will not be listed
	specifies a delayed effective date, but not an effect the day after the record is filed.	tive time, at 12:01 a.m. on the earlies
ated	December 5th. 2017	
	Landing III	
	Signature of a member or authorized represer	

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Typed or printed name of signee

Filing Fee: \$25.00