117000058270

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(Ad	dress)	
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(Cit	ry/State/Zip/Phone	: #)
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COVER LETTER

TO: Registration Section Division of Corpo		· a	•
SUBJECT: MORE	Name of Limit	EUCTION LLC ed Liability Company	
	nendment and fee(s) are subm	-	
Please return all correspond	ence concerning this matter to	o the following:	
	FRANK	Santiago	
		Name of Person_/	
		Firm/Company	
	572 L	EXINGTON PLW	4
		Address	
	Apopka	K 327/2	
		City/State and Zip Code	 _
	Jantiagotr E-mail address: (10	on k 96 0 YA hoo Co	M ion)
For further information cond	cerning this matter, please cal	l:	
FRANK Sant	960	at (973) 842 - 14	180
Name of Po	:rsgr	Area Code Daytime Tel	lephone Number
Enclosed is a check for the f	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 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

MOROVIS CON.	STRUCTION LLC
(Name of the Limited Liability Compan (A Florida Limited L	ay as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company. Florida document number <u>L 17000058270</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
MOROVIS HOME REMODEL	ING CCC
The new name must be distinguishable and contain the words "Limited Liabili	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	572 Lexington Phwy Apapka Ft 32712
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	572 Lexington Phuy Apopka 19 32712
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida
New Registered Agent's Signature, if changing Registered Agent:	199

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
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ii amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)		
				
				
				
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Effective d	late, if other than the date of filing:(optional	n Š	64	
If an effective Note: If th	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing e date inserted in this block does not meet the applicable statutory filing requirements, this date of effective date on the Department of State's records.	g.) Pursuani		
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. th day after the record is filed.	. on the	earlier	of:
Dated	2/14 . 2018 .			
-	2/16 Frank Santias Signature of a member or polyhorized representative of a member FRANK Santiago Typod or printed name of signee			
	TOOLK O			
	FRANK Jantiach			

Page 3 of 3

Filing Fee: \$25.00