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(Red	լuestor's Name)	
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(City	/State/Zip/Phone	e #)
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N. CAUSSEAUX MAR 2 0 2018

COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
CUD INC		TIO EXPERTS LLC			
SUBJEC	CT:		ed Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please re	turn all correspo	ndence concerning this matter t	o the following:	•	
		EDUARDO DIAZ			
			Name of Person		•
		YOUR PATIO EXPERTS	LLC		
			Firm/Company		-
		16801 SW 83RD AVENUE	3		
			Address		-
		PALMETTO BAY, FL 331	57		
			City/State and Zip Code		-
		ROGUMAX@BELLSOUTI	H.NET o be used for future annual report notifi	antion)	
For furth	er information co	oncerning this matter, please ca			, ., .,
EDUAR	DO DIAZ		305 984-0176		
	Name o	Person	at () Area Code Daytime	Telephone Numbe	r
Enclosed	l is a check for th	ne following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
-		~ ×			

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

YOUR PATIO EXPERTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/21/2017 and assigned Florida document number _____L17000089107 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida _

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

Title	Name	Address	Type of Action
MGR	SADAM ABAS	15276 SW 178 TERRACE	
		MIAMI, FL 33187	☐ Remove
			Change

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an effective date is listed, the date must lote: If the date inserted in this blo	be specific and cannot be prock does not meet the ann	for to date of filing or me	ore than 90 days after filing) Pursuant to 605.0207 (3
ocument's effective date on the De	partment of State's recor	ds.	s requirements, and date	Will flot be figure as the
record specifies a delayed	effective date, but	not an effective ti	ime, at 12:01 a.m.	on the earlier of:
The 90th day after the reco	rd is filed.			
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MARCH, 8th.	2018			
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	Signature of a member of a	4/_		

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Filing Fee: \$25.00