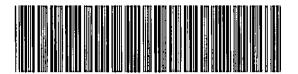
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: G. Y. Custom Remodeling 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:
G. Y. Custom Remodeling LLC Firm/Company
650 Marror dr. Address
Barter FL 33830 City/State and Zip Code G. V. Custom Remodeling/Cat Cum. Com E-mail address: (to be used for future annual report politication)
For further information concerning this matter, please call:
Gabrie Vordan at (863) 280-1841 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limite (Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 7-6-20 1 and assigned
Florida document number <u>L176000Q2758</u> .
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)
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:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
. Florida
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>	Address	Type of Action
AMBR	Devon Lyons	650 Manor Dr.	(DA)
	·	650 Manor Dr. Bartow FL. 33830	□Remove
			
			□ Add
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Note:	ve date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Ho.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00