# L17000158504

(Re	equestor's Name)	4444444
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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JUN 7 2020 I ALERITTON

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: 2 3 M Remodeling Services UC.  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:					
MICHELLE GONZAUZ Name of Person					
Firm/Company					
11020 NW 24 St Address					
MICHILI GUNZAUZ 41 2000 Gmail COM 1.  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MICHIU GUNZAUZ  at 180 384 4056  Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\$\$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$\$\$\$ Certified Copy (additional copy is enclosed)					

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

Street Address: 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



2 BM (LM)OC (Name of the Lin	nited Liability Compa (A Florida Limited)	ny as it now appears on c Liability Company)	C' . our records.)	
The Articles of Organization for this Limited Florida document number <u>Li7000</u> This amendment is submitted to amend the fo A. If amending name, enter the new name	158504		25/17 =	nd assigned
The new name must be distinguishable and contain the Enter new principal offices address, if appl (Principal office address MUST BE A STRE	icable:	lity Company," the designa	ation "LLC" or the abbreviat	ion "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX)</u>	MICHALL FO	24 8t -, 33142	
B. If amending the registered agent and/or agent and/or the new registered office addr	• .	address on our record	is, <u>enter the name of t</u>	he new registered
Name of New Registered Agent: New Registered Office Address:	Michelle 11070 N	QUNZALG W 24 St Enter Florida str		
	MIAM	City	Florida <u>33)</u> Zip	47. 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBE.	olga Eslobar.	334 NW 37 84 Miami, fl, 33127.	□Add
		otga 1+1,3312+.	Remove Change
MGR	michelle Gunzaus		M Add
		MIAMI, 11, 33142.	□Remove
MAR	Terson maranegos	1120 NW 24 St	□Change
	V	MIAMI, F1, 33142	Remove
			□Сһипде
			🗆 Add
			Remove
			Change
		<del></del>	🗆 Add
			☐ Remove
			□ Change
			Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Removing Myself naci Eswbar As
(AMBR) and adding IDN & Daugnter
DUL TO MY agr.
E. Effective date, if other than the date of filing: 05/10/10 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 M)
(11 cm x 15 cm - 1 cm -
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.
If the record 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
record is filed.
Dated DS 2020  Signature of a member or authorized representative of a member  0190 ESCO BOR.  Typed or printed name of signee
Mar Escenda
Signature of a member or authorized representative of a member
Typed or printed name of signee
J