W17000173769

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO:

	Registration Se Division of Cor			
our inc		Iome Restoration LLC	•	
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Roberto Vynycyus de Deu	s	
			Name of Person	
		Vynycyus Home Restoration	on LLC	
			Firm/Company	
		1874 SW McAllister Ln		
		-	Address	
		Port St Lucie, FL 34953		
			City/State and Zip Code	
		robertodeus5@gmail.com	_	
		E-mail address: (to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please ca	all:	
Elizabeth	de Deus		561 346-2524	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	ection
	Registration S Division of C		Registration S Division of Co	
	P.O. Box 632	•	The Centre of	Tallahassee
7	Fallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vynycyus Home Restoration LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on o ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compartion document number L17000173769		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1874 SW McAllister	Ln Port St. Lucie, FL 34953
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office gent and/or the new registered office		Ln Port St. Lucie, FL 34953.
gent units of the new registered office under ess were.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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
MGR	Roberto Vynycyus de Deus	1874 SW McAllister Ln	🗀 Add
		Port St. Lucie, FL34953	Remove
MGR	Elizabeth de Deus	1874 SW McAllister Ln	= Add
		Port St. Lucie, FL 34953	□Remove
			Remove
			Change
			2 <u>0</u> 10
			Remove
		 	Change
			□Add
			Remove
			Change
			□Add
			Remove
			∏ Change

Please also add Elizabeth de I	Deus as MGR.		
			
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		 	26
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			PH 2:
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		<u> </u>	
ctive date, if other than the	date of filing:	(optio	nal)
effective date is listed, the date must : If the date inserted in this blo	be specific and cannot be prior to date of fili ock does not meet the applicable statuto	ng or more than 90 days after f ry filing requirements, this	filing.) Pursuant to 605.0 date will not be listed
ment's effective date on the Do	epartment of State's records.		
and annotifies a dolored affective	e date, but not an effective time, at 12:0	lam on the earlier of (h)	The 90th day after t
filed.	, date, but not an effective time, at 12.0	i a.m. on the carrer on (0)	The your day with t
a July 20	2021		
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Filing Fee: \$25.00