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COVER LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: NEM HOME REMODELING LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
ļ.				
Joge F. Del Joro Name of Person				
Firm/Company				
2336 South Conway Rd Apto				
· · · · · · · · · · · · · · · · · · ·				
0 r Lando FL 32812 City/State and Zip Code				
JOYGICE 1: XCI ELTOY OF Smail (0 m) E-mail address (to be used for fullure annual report notification)				
For further information concerning this matter, please call:				
TOYGE F. DeLTOYO at (407) 2196019 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Ferephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee \$ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITER HOME RENTO	GLINIA LLC
(Name of the Limited Lia	ELING LLC billity Company as it now appears on our records) rida Limited Liability Company)
	y Company were filed on 08 16 2017 and assigned
Florida document number <u>L 1700017567</u>	<u>) </u>
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	imited liability company here:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	Orlando FL 32817
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2336 South Conway Rd Apt C Orlando FL 32812
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	orge F. Del Toro 36 South Conway Rd Apt C Enter Florida street address
New Registered Office Address: 1,23	36 South Conway Rd Apt C
(Enter Florida street address () (/a nd) City Florida 328/2 Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the discomplete performance of my duties, and I am familiar with and diagent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Type of Action Address **Title** <u>Name</u> Jorge F. Del Toro 2336 South Conway Edapte & Add Orlando FL 32812 DREM ☐ Remove □ Change AMBR Jainelis Torres 2336 South Conuny Rd # Add □ Remove Orlando FL 32812 □ Add □ Remove □ Change _□ Řemoven □ Add^{**} □ Remove Change _□ Add □ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added

or removed from our records:

	ĮI	
famending any other info	rmation, enter change(s) here: (Attach a	additional sheets, if necessary.)
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an effective date is listed, the da lote: If the date inserted in t	the date of filing: 08/15/2-07 emust be specific and cannot be prior to date of filing is block does not meet the applicable statutory he Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(ry filing requirements, this date will not be listed as the
e record specifies a del The 90th day after the		tive time, at 12:01 a.m. on the earlier of:
ated	Horn.	
<u></u>	Signature of a member or authorized represen	entative of a member
Taxa	E Della	
<u> 1019 e</u>	Typed or printed name of sig	Thee

Page 3 of 3

Filing Fee: \$25.00