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DIVISION OF CONTINUENTIONS

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COVER LETTER

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 filing.	
Please return all correspondence concerning this matter to the following:	
Jorge F. De LITOIC Name of Person	
Film/Company	
2336 South Conway Rd Apte	
Orlando FL 32812 City/State and Zip Code	
E-mail address: (to be used for tuture annual report notification)	
For further information concerning this matter, please call:	
Torge F. Del 70 or at (407) 219 6019 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \$30.00 Filing Fee & \$\sum \$55.00 Filing Fee & \$\sum \$60.00 Filing Fee, \$\text{Certificate of Status}\$ Certified Copy \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{Certified Copy}\$ (additional copy is enclosed)	

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

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Zip Code

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEM HOME REMODE	LING LLC
(Name of the Limited Liability Compo (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1700175670	were filled on $\frac{08/i6/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	nility company here:
	/
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	2336 South Conway Rd
	Apt C Cylando FL 32812
Enter new mailing address, if applicable:	2336 South Convay Rd
(Mailing address MAY BE A POST OFFICE BOX)	Apt C Orlando FL 32812
	Cirlando FL 32812
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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 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 Jorge F. Del Torc 2336 S. Conway Rd Apt C DAG Orlando FL 32812 Remove AMBR Jorge F. Del Toro 2336 S. Conway Rd MADO *ptC Orlando FL 32812 - Remove ___C Change □ Remove ______ Change _□ Remove __ Change □ Add □ Remove Change

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n effective date is o <u>te:</u> If the date	f other than the s listed, the date must Inserted in this blo live date on the De	t be specific and ock does not n	cannot be poneet the app	licable statu	filing or more story filing r	than 90 days	optional) safter filing.) F s, this date w	Pursuant to 60 vill not be lis	05.020 sted a
record spec The 90th day	ifies a delayed y after the reco	effective ord is filed.	date, but	not an eff	ective tin	ne, at 12:	01 a.m. o	n the earl	lier (
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