117000194530

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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PALLAHASSEE, FLORIDA

COVER LETTER

| Division of Corp | porations | | |
|-----------------------------|---|---|---|
| SUBJECT: | Patchwork Team I | Remodeling LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | 1774 |
| The enclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Isaias Mo | orales Segovia | |
| | | Name of Person | |
| | | Firm/Company | |
| | 3748 Cavana | augh Drive | |
| | | Address | |
| | Jacksonville | e, FL 32277 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report i | notification) |
| For further information co | ncerning this matter, please co | all: | |
| Perla Morales | | | 1-8244 |
| Name of | Person | at () Area Code Day | time Telephone Number |
| Enclosed is a check for the | e following amount: | | |
| ■ \$25.00 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 ADDRESS:

TO:

Registration Section

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Patchwork Team Ren | nodeling LLC | | | | |
|---|---|------------------------|--------------------|-------------------|----------------|
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appe Liability Company | urs on our record) | <u>s.</u>) | | |
| The Articles of Organization for this Limited Liability Company L17000194530 Lipida document number | were filed on _ | 9/09/2017 | | and assigne | ed |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company | <u>here</u> : | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the | designation "LLC | or the abbre | eviation "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 of registered agent and/or the new registered office address here | ffice address (| on our records | s, <u>enter th</u> | ie name of t | <u>:he_печ</u> |
| Name of New Registered Agent: | | | | 2016 FALL | |
| New Registered Office Address: | Enter Fi | orida street addres. | , | HAY | |
| | City | | orida | 200 CONT. | m |
| New Registered Agent's Signature, if changing Registered Agent: | • | | מאזם; | SZIR CONE. | \bigcirc |
| hereby accept the appointment as registered agent and agre | ee to act in thi: | s capacity. I fu | rther agree | | vith the |

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> | Name | <u>Address</u> | Type of Action |
|--------------|------------------------|------------------------|----------------|
| MGR | Isaias Morales Segovia | 3138 Rogero Road | |
| | • | Jacksonville, FL 32277 | |
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| Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | nust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fili | (optional) more than 90 days after fiting) Pursuant to | |
| | ed effective date, but not an effective | time, at 12:01 a.m. on the ea | arlier o |
| ne record specifies a delay The 90th day after the re | ecord is filed. | | |
| The 90th day after the re | ecord is filed. | | |
| The 90th day after the re May 15 Dated | ecord is filed. | | |

Page 3 of 3

Filing Fee: \$25.00