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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Torses Rem	odeling LLC ded Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Robe	rto Torles Name of Person	
	Torres	Remodeling Ll	<u></u>
	2615	33Rd Ave Drive	east
	Brad	enton FL, 34208 City/State and Zip Code	<u> </u>
	E-mail address: (t	CS Remode 1910 9 o be used for future annual report notifi	mail.com
For further information cor	ncerning this matter, please ca	dl:	
Roberto Name of I	Torres	at (941) 448 Area Code Daytime	Y108 Telephone Number
Enclosed is a check for the	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:

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

<u> </u>	Kemodeling LLC	<u>-</u>
(Name of the Limite	d Liability Company awit now appears on our records.) (A Florida Limited Liability Company)	1
The Articles of Organization for this Limited Lia Florida document number600304056	ability Company were filed on <u>SeP4 30</u> ar	nd assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
		7
The new name must be distinguishable and contain the wo	ords "Limited Liability Company." the designation "LLC" or the abbreviation	on "LLC"
Enter new principal offices address, if applica	ble:	<u> පු</u>
(Principal office address MUST BE A STREET	(ADDRESS)	= [1
		ν ₁
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	zov)	
The state of the s		-
		-
B. If amending the registered agent and/o registered agent and/or the new registered offi	or registered office address on our records, enter the na	ime of the new
Name of New Registered Agent:	Roberto Morres	
New Registered Office Address:	2615 33 Rd Aug Drive ed	ast
	Bradenton, Florida 34;	208
New Registered Agent's Signature, if changing Re	·	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist	agent and agree to act in this capacity. I further agree to c r and complete performance of my duties, and I am familian ered agent as provided for in Chapter 605, F.S. Or, if this of egistered office address, I hereby confirm that the limited li	r with and
	holient Leyvon	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed f	Authorized Person(s) authorized to ma	inage, enter the title, name, and address of each	person being added
MGR = Ma	•		
Title	<u>Name</u>	Address	Type of Action
MGR	Roberto Torres	2615 33 Rd AVE Driveed	ist 2 Add
		Brodenton FL. 34208	Remove
			Change
MGR	maria mendez	2615 33 Rd Ave Drive e	ΔFI□ Add
		Bradenton FL, 34208	Remove
			Change
			Add
			□ Remove
			Change Add Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change

my_	name		er change(s) he <u>Rober</u>		Tory	-		_
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<u>99e</u>	nt	for	Torres	Remode	ling	LLC	_	<u> </u>
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Effective date, i (If an effective date is Note: If the date document's effect	s listed, the date inserted in th	must be specifi is block does:	c and cannot be price not meet the appli	cable statutory fi	more than 90 ling requirer	(option days after finents, this c	ling.) Pursuant to 6	505.0207 (3)(isted as the
he record spec The 90th day	ifies a dela y after the	iyed effecti record is fil	ve date, but n led.	ot an effective	e time, at	12:01 a.	m. on the ear	lier of:
Dated OC+	19,3	1017	<u>Jol</u>	7				
<u> </u>		holy Signature	ext Layu	orized representati	ve of a memb	er		
				•				

Page 3 of 3

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