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COVER LETTER

TO:	Registration Section Division of Corporations							
ern te	Remodel N							
SUBJE	CI:	Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspo	ondence concerning this matter	to the following:					
	-	Marcío Peixoto						
		Remodel Mind, LLC	Name of Person					
		268 Calliope Street	Firm/Company					
		Ocoee, FL 34761	Address					
		E-mail address: (to be used for future annual report not	ification)				
For furt	her information c	oncerning this matter, please ca	all:					
Marcio	Peixoto		407 8321384					
	Name o	f Person	at () Area Code Daytin	ne Telephone Number				
Enclose	d is a check for th	ne 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 radditional copy is enclosed				
		ING ADDRESS:	STREET/COUR Registration Section					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 SEP 26 A

Remodel Mind, LLC					
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/03/2017}{2000000000000000000000000000000000000$					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company here:				
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation L.L.(
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office adented when the second seco	gistered office address on our records, enter the name of dress here:				
Name of New Registered Agent.					
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City Zip Code				
New Registered Agent's Signature, if changing Register	ed Agent:				
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	et and agree to act in this capacity. I further agree to comply complete performance of my duties, and I am familiar with a agent as provided for in Chapter 605, F.S. Or, if this docum red office address, I hereby confirm that the limited liability e.				
	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 bei or removed from our records: MGR = Manager AMBR = Authorized Member <u>Name</u> Type of A <u>Title</u> **Address** Aurea Oliveira 268 Calliope Street AMBR **■** Remov _🗆 ¢hange _□ Å₫₫ ☐ Remov _□ (hange _D A¦dal _□ Remove _□ Change _□ ∧dþ. _□ Remove _□ Change _□ Add _□ Remove □ Change □ Add

_□ Remove

_□ Change

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		<u> </u>	
			
	09/16/2019		
Effective date, if other than the (If an effective date is listed, the date m	ne date of filing:	(0	ptional)
Note: If the date inserted in this is document's effective date on the l	block does not meet the applica	o date of filing or more than 90 days able statutory filing requirements.	this date will not be listed
the record specifies a delaye) The 90th day after the re		an effective time, at 12:0	1 a.m. on the earlie
September 13th Dated	2019		
Marcio Cer	ne oto	rized representative of a member	
	Signature of a member or author	rized representative of a member	
			l l

Page 3 of 3

Filing Fee: \$25.00