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COVER LETTER

Division of Corpo	orations		
SUBJECT:	Am	np Renovations LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings, LLC	
		Firm/Company	
	12	605 East Freeway, Suite 509	
		Address	
		Houston, Texas 77015	
		City/State and Zip Code	
		filings@swyftfilings.com	
•	E-mail address: (to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca	all:	
Sonia Bed		at (877) 777-045	50
Name of P	erson	Area Code Daytime	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

TO:

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**

ARTICLES OF O	RGANIZATION
	vations LLC vas it now appears on our records.) iability Company)
(Name of the Limited Liability Compar (A Florida Limited L	ty as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL17000210838	10/11/2017
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	1301 RIVERPLACE BLVD, STE 842
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32207
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
new negistered 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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	PHILHOWER, MICHAEL R	1301 RIVERPLACE BLVD, STE 842	
		JACKSONVILLE, FL 32207	Remove
			X Change
AMBR	BARCHI, DANNY	1301 RIVERPLACE BLVD, STE 842	Add
		JACKSONVILLE, FL 32207	Remove
			X Change
AMBR	BARCHI, ANDREA	1301 RIVERPLACE BLVD, STE 842	Add
		JACKSONVILLE, FL 32207	□ Remove
			X Change
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·			□ Remove
			Change
			
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			□ Remove
			☐ Change

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