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C. BRUMBLEY
DEC - 8 2021

## **COVER LETTER**

	Registration S Division of Co				
enn ir ca		ODELING LLC			
SUBJEC	Γ;	Name of Lin	nited Liability Company		1.
The enclos	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.	2021 DF 1 - G	on [2: 5]4
Please rett	irn all correspo	ondence concerning this matter	to the following:		
		BENITO J DOMINGUEZ			
			Name of Person	<del></del>	
			Firm/Company		<del></del>
		1229 NW 32 Place			
		***	Address		
		Miami, FL 33125			
		bdremodelinglle@yahoo.cc	City/State and Zip Code		
		·	to be used for future annual re	eport notification)	
For further	information c	concerning this matter, please c	all:		
BENITO J	DOMINGUE	SZ.	786 587	4856	
•	Name o	f Person	Area Code	Daytime Telephone S	lumber
Enclosed is	a check for th	he following amount:			
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ce sed) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	ailing Addres		Street Ade		
	egistration S ivision of C	Section orporations	<del>-</del>	tion Section of Corporations	
	O Box 632			tre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

BD REMODELING LLC

A 12 🚓

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	rds.)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000014918}{1.18000014918}$ .	were filed on January 17, 201	8 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
BD. R&S. UC					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company the designation "LI	.C., or the abbreviation "L.L.C.,			
Enter new principal offices address, if applicable:	1229 NW 32 PLACE				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL. 33125				
	<del> </del>	> 6 l			
		25 3			
Enter new mailing address, if applicable:	1229 NW 32 PLACE				
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL. 33125	99			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, <u>ente</u>	er the name of the new registered			
New Registered Office Address:	Enter Florida street addr				
	typer Provida Street (address)				
<del></del>		F <b>lorida</b> Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	v.i.y	1247 55000			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is			

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		<del></del>	□ Add
			□Remove
			□Change
	<del></del>		□ Add
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			□Change

. Effect	ive date, if other than the date of filing: (optional)
(If an el Note:	(optional) ective date, if other than the date of filing:
the recordis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	OCTOBER 22 2021 .
	The state of the s
	/

Typed or printed name of signee