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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6353

From:

Account Name : ROSENTHAL LAW CROUP Account Number : I20000300151

Phone : (954)334-5200

: (954)384-0017 Fax Number

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one exail address please.

Enail Address: alex @ rosenthalcounsel. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEST IN BATH LLC

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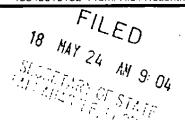
COVER LETTER

Division of Corporations			
SUBJECT: Best in	Bath LLC		
SCHOOL TO THE TOTAL OF THE TOTA	Name of Limited Liabi	lity Company	
		-	
		-	
The enclosed Articles of Amendment	and fee(s) are submitted fo	r filing	
Please return all correspondence conce	erning this matter to the fol	lowing:	
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	osenthal Lan		
•	Fi	rnvCompany	
	115 H. Commo	were Pkin	4
			/
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	City/St Octor @ n	nte and Zip Code	
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	E-mail address: (to be used	for future annual rep	oort notification)
For further information concerning this	s maner, please call:		
Alim Rosentha	. a	· 1954 3	PBY-92.00 Duytime Telephone Number
Nume of Person		Area Code	Duytime Telephone Number
Enclosed is a check for the following: \$25.00 Filing Fee \$30.00		5.00 Filing Fee &	☐ \$60.00 Filing Fee,
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31411 (N/2 431000	ree.	CTD: E'P/	COURTER ADDRESS:
MAILING ADDRE Registration Section	.aa:	Registration	
Division of Corpora	tions		Corporations
P.O. Box 6327 Fallahassee, FL 323]4	Clifton Bui 2661 Exect	nive Center Circle

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Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Best in Bath LLC		
(Nume of the Limited Lability Com (A Florida Limite	рапу as if now oppears on Luability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number 1.18000026270	ny were filed on 1/30/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Remodel Kingdom LLC		
The new name must be distinguishable and contain the words "Limited List	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	·+4•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1 . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		r records, enter the name of the new
New Registered Office Address:		
	Enter Florida s	trees address
	, No.	Zip Code
Non-Durintered Spant's Signature If the gire Designation Assessed		Zip Code
New Registered Agent's Signature, if changing Registered Agent	**	
I hereby accept the appointment as registered agent and an provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my o provided for in Chap	duties, and I am familiar with and ter 605. F.S. Or, if this document is
If Co.	anging Replaced Agent,	Signature of New Registered Agent

To: Florida Department of State Page 5 of 6

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:	<u>odded</u>
MGR = Manager AMBR = Authorized Member	

Title	Name	Address	Type of Action
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