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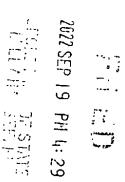
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A. BUTLER
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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:	AAA REMO	DELING DESIGN SERVICE	S GIGI&DANY 171805	09 LLC	
		Name of Limit	ted Liability Company	14	• .
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		Daniel Gagnon			
			Name of Person	•	
		AAA REMODELING DES	IGN SERVICES GIGI&	DANY 17180509	LLC
			Firm/Company		
		618 Eagle Drive			
			Address		
		Delray Beach, FL 33444			
			City/State and Zip Code		
•		E-mail address: (to	be used for future annual re	eport notification)	
For further inf	formation co	ncerning this matter, please ca	II:		
	Name of	Person	at () Area Code	Daytime Telepho	ne Number
	rume or		7 Heli 0000	Dayanic Telepho	ne (vanioe)
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	iling 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sign

AAA REMODELING DESIGN SERVICES GIGI&DANY 17180509 LLC

(Name of the Limited Liability Company as it now appears on our records) SEP 19 PF 4: 29
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 16, 2018 11 17 11 Florida document number L18000042540 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

_____, Florida ___

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Garry Marsh	618 Eagle Drive	■Add
		Delray Beach, FL 33444	□Remove
			(☐ Change
			□Add
			□Remove
			□Change
			□Add
•			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date, if other than the date of filing:
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Dated	September 15 2022
	Signature of a member or authorized representative of a member
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