## L14000 051775

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openial mondetions to 1 ming officer.

Office Use Only



500311700175

04/13/18--01020--001 \*\*25.00

ELLAHASSEF FLOSIE,

## **COVER LETTER**

ro:	Registration Sect Division of Corpo	on rations			
	D & R REMO	DELING AND DESIGNS LLC			
SUBJEC					
The encl	osed Articles of A	mendment and fee(s) are submitt	ed for filing.		
Please re	turn all correspon	dence concerning this matter to the	he following:		
		RAMON PITALUGA			
Describing of Corporations  The enclosed Articles of Amendment and fee(s) are submitted for filing.  RAMON PITALUGA  RAMON PITALUGA  Name of Person  Firm/Company  Address  MIAMI FLORIDA 33196  City/State and Zip Code  Yeueto/0414@gmail.com  Grand address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RAMON PITALUGA  Name of Person  Taddress  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Secrificate of Status  Certificate of Status  Certificate Copy  (additional copy is enclosed)  Certificate of Status  Certificate of Status  Certificate of Status					
			Firm/Company		
		8917 SW 172 AVE APT 101			
			Address		
		MIAMI_FLORIDA 33196			
			City/State and Zip Code		
		Yeueto0414@gmail.com	and for funce annual rer	oort notification)	
The san France	har information co				
		meering and matter, product out		5730	
RAMO			at ()		
	Name of	Person	Area Code	Daytime Telephone Number	
Enclose	ed is a check for th	e following amount:			
<b>■</b> \$2:	5.00 Filing Fee		Certified Copy	Certifica Sedi Certified	te of Status & - Copy

MAILING ADDRESS:

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

D & R. REMODELIMG AND DE			
(Name of the Limi	ted Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited L Florida document number $\frac{02/26/2018}{1}$	Liability Compa	any were filed on L 18000051375	and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name o	of the limited <u>l</u>	iability company here:	
N/A	<del></del>		
The new name must be distinguishable and contain the		iability Company," the designation "LLC" or N/A	the abbreviation "L.L.C."
Enter new principal offices address, if appli			
<u>Principal office address MUST BE A STREA</u>	<u>ET ADDRESS</u>	<u> </u>	<del></del>
Enter new mailing address, if applicable:	· PAV	N/A	
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	d/or registered office address N/A N/A	d office address on our records, enter Florida street address	The name of the SCORE TANK SEET FLORE
		, Floric	4 T T T 4
	<del>,</del>	City	3r Zip Code

## 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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAMON PITALUGA KESSEL	8917 SW 172 AVE APT 1017 MIA	
			□ Remove
			Change
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
•••			
			Remove
			☐ Change

1	<u> </u>					<del></del>	_
			<u>.</u>	·			_
						_	
	<del></del> ,						
<del></del>							_
							_
		<del></del>					_
							_
							_
· — —						1	
						2018	_
						<del></del>	
					25	<del></del>	
					E.S.		
	<del></del>			<u></u>	71	==	، ا— ا
						<b>-</b>	_
		_					
						<u> </u>	
ffective date, if other the	an the date of f	04/09/20	18		(optional)		
an effective date is listed, the d	late must be specifi	c and cannot be pr	ior to date of filing	or more than 90 da	ys after filing.) [	ursuant to (	605.02 listad
inte: If the date inserted in ocument's effective date or	this block does to the Department	not meet the app of State's recor	ncable statutory ds.	ming requiremen	us, uns date w	m noi og 1	i DOIGE
	•						
e record specifies a de	elayed effecti	ve date, but	not an effect	ive time, at 12	2:01 a.m. o	n the ea	rlier
The 90th day after th	ne record is fil	led.					
04/08/2018		12:01 an	1				
Dated			· 				
, =		, ,	/ //				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00