L18000070492

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SUBJEC		Correia Remoldeing IIc						
SUBJEC	J1; .		Name of Limited	Liability C	ompany			
er1		A 41-1 6 A						
			mendment and fee(s) are submitt					
Please re	eturn	all correspond	lence concerning this matter to t	he follows	ing:			
		, bi	CHARLES CONTRACTOR	D R	THY of Person	ink Con	eja U	lC
				Name o	oi Person			
				Firm/C	ompany			
			9413 south LAGOON					
				Add	tress		<u></u>	
			PCB FL 32408					
			(City/State a	nd Zip C	Code		
			FRIENDLYCORPORATEFIL E-mail address: (to b	_			ion)	
For furth	her ir	nformation cor	ncerning this matter, please call:		iuiuie an	muar report nouncat	on)	
		ORREIA	, , , , , , , , , , , , , , , , , , ,		78	697-9614		
		Name of I	Darcan	at (_	ea Code)	lephone Number	_ ₂ ;
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		Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314		Reg Divi Clif 266	REET/COURIER istration Section ision of Corporation ton Building I Executive Cente ahassee, FL 32301	nns r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORREIA REMOLDEING LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L18000070492	mpany were filed on 03/19/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
CORREIA REMODELING LLC	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
70-4	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City , Florida Zip.Code 1
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and coaccept the obligations of my position as registered ago	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familian with and sent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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If the date inserted in this bloc	ate of filing: c specific and cannot be prior to date on does not meet the applicable state	tutory filing requirements	i, this date will no	ant to 60 ot be li
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cord specifies a delayed	effective date, but not an ef	ffective time, at 12:	01 a.m. on th	י ne eãr.
90th day-after the reco	d is filed.		\(\frac{1}{2}\)?	<u> </u>
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