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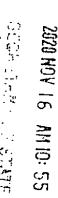
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PICK-UP	☐ WAIT	MAIL
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O SIMMONS DEC 21 2020

COVER LETTER

TO:

TO: Registration So Division of Cor			
	emodeling LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carlos Naranjo		
		Name of Person	
	Cainpro Remodeling LLC	C	
		Firm/Company	
	1685 Lee RD, STE 201,		
		Address	
	Winter Park, FL, 32789		
		City/State and Zip Code	
	carlosnaranjo@cainprogr		was market and an a
For further information c	encerning this matter, please c	to be used for future annual repail:	on nouncation)
Carlos Naranjo		407 9685	421
Name o	t Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing 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		Street Add Rogietrati	
Registration Section Division of Corporations		-	on Section of Corporations
P.O. Box 632	27	The Centi	re of Tallahassee
Tallahassee, l	FL 32314	2415 N. N	Aonroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION TO OF

Cainpro Remodeling LLC

2020 HOV 16 AM 10: 55

(Name of the Limited	Liability Company as it now appears on our records.) Viorida Limited Liability Company)
(/	VFlorida Limited Liability Company)
	paymana Fi
The Articles of Organization for this Limited Lial	bility Company were filed on 03/22/2018 and assigned
Florida document number L18000074639	
Torrac document number	 .
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
and the same and the same	
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
er	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
R. If amending the registered agent and/or rec	gistered office address on our records, enter the name of the new regist
agent and/or the new registered office address	· ————————————————————————————————————
	 -
Name of New Registered Agent:	
New Designand Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy Zin 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 a 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

2020 NOV 16 AM 10: 55

<u>Title</u>	<u>Name</u>	Address 1103 AARON DRIVE DELTONA FE, 32725	Type of Acti
MBR	Jose Albeiro Campuzano	1103 AARON DRIVE DELTONA FE, 32725	⋒ Add
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			□Add
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			□Change
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Iffective date, if other than the date of filing: (uptional) (an effective date, if other than the date of filing: (uptional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 (uptional) (u		2820 NOV 18-AM 10: 55-
ffective date, if other than the date of filing: (optional)		
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. record 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 date of the filed. ated October 30th 2020 Signature of a member or authorized representative of a member		23. 1.4.1.5.2.2.2.1.1.
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Filing Fee: \$25.00