# L180000 86093

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
	usiness Entity Nam	<u></u>
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(Do	ocument Number)	
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## **COVER LETTER**

	on Section f Corporations
ADD SUBJECT:	TION OF AUTHORIZED PERSON
	Name of Limited Liability Company
	es of Amendment and fee(s) are submitted for filing.
rieuse return all co	respondence concerning this matter to the following:
	EDUARDO ALBERTO
	Name of Person
	E.A. REMODELING SERVICES, LLC
	Firm/Company
	1354 AUTUM DR
	Address
	TAMPA, FL 33613
	City/State and Zip Code AEDUARDO511@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further informa	ion concerning this matter, please call:
EDUARDO ALBE	
7	at () ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing H	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

#### E.A. REMODELING SERVICES, LLC

(Name of the Limited	Liability Comp	any as it now	appears on	our records.)
(Δ	Florida Limited	Liability Con	inany)	

The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/05/2018}{1}$ and assigned Florida document number <u>L1800086093</u> 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: Enter Florida street 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. 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALBERTO, EDUARDO E. SR.	1354 AUTUMN DR	■ Add
		TAMPA, FL 33613	□ Remove
			Change
MGR	ALBERTO, ELIZABETH	1354 AUTUMN DR	<b>=</b> Add
		TAMPA, FL 33613	□ Remove
			☐ Change
			Add
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F Effect	tive date if other than the date of filing:	
(If an et	tive date, if other than the date of filing: (optional)  flective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	605.
	nent's effective date on the Department of State's records.	IISIC
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea e 90th day after the record is filed.	rlie
13	, Aulu 6 2018	
Dated	July 6 2018	
	Edition March 11/12/100	

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Typed or printed name of signee

Filing Fee: \$25.00