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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Remadiers 101 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicele Breaux-Stein Name of Person
Remodlers 101 Firm/Company
8260 Sedjetield DR
Pensacola FC 32507 City/State and Zip Code
Patrick at 46 @ gmail. (212) E-mail address: (to be used for fluture annual report notification)
For further information concerning this matter, please call:
Nicole Breaux. Stein at (850), 529-7379 Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

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Remodelers (Name of the Limited Liability Compa (A Florida Limited I	O L L C C C C C C C C C C C C C C C C C	
The Articles of Organization for this Limited Liability Company	were filed on 411118 and assigned	7-
Florida document number <u>L 180000 9 2 0 8 (</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ulity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8260 Sedgefield DK	
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, FL 32507	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8260 Sedge Field DR Pensacola, FL 32507	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		<u>iew</u>
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cuv Zip Coae	

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 Address Type of Action Name Patrick Fuller 8260 Sedgefield DR MAdd

Pensacola, FC 32507 Remove ____ 🗆 Change MGR Brooke Stein 8260 Sedgefield DR BAND Pensacola, FL 32507 - Remove □ Change _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove __ 🗆 Change

11 amc	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	r of:
ated	10/24/18	
	Signature of a member or authorized representative of a member	2010
	Nicole Breaux-Stein Typed or printed name of signee	2010 OCT 24
		<u>~</u>

Page 3 of 3

Filing Fee: \$25.00