118000092600

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 07 2018

COVER LETTER

TO: Registration S Division of Co			
Scenino F	Remodeling, LLC	·	·
Sebuter	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	<u> </u>	
Please return all corresp	ondence concerning this matter	to the following:	
	Vanessa Hernandez		
		Name of Person	
		Finn/Company	
	19902 Arbor Path Pl		
		Address	
	Lutz. FL 33559		
		City-State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	ali:	
Vanessa Hernandez		813 841-2019	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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

Severino Remodeling, LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000092600</u> .	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	19902 Arbor Path PL	SE SEVILLE		
(Principal office address MUST BE A STREET ADDRESS)	Lutz, FL 33559	SION SION		
		GFAR C		
Enter new mailing address, if applicable:	19902 Arbor Path PL	AM 6:		
(Mailing address MAY BE A POST OFFICE BOX)	Lutz, FL 33559	1100 III		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of the new		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addr	ess		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, opposited for in Chapter 605	and I am familiar with and , F.S. Or, if this document is		

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
AMBR	Luis R Severino Espinoza	19902 Arbor Path PL	■ Add
		Lutz, F1. 33559	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
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ective date, if other than the	date of filing:				(optic	onal)		
ective date, if other than the effective date is listed, the date mustee: If the date inserted in this bloom	the specific and ca	annot be pric	r to date of fil	ing or more tha	n 90 days after	filing.) Pursuant t	to 605.0	0200 d ns
tument's effective date on the Do	epartment of Sta	te's record:	s.	ny ming requ	mements, this	date will not b	c matec	J 143
record specifies a delayed	effective da	te, but n	ot an effe	ctive time,	at 12:01 a	.m. on the ϵ	arlie	r o
he 90th day after the rec	ord is filed.							
April 30		2018						
Apríl 30 ed	·		10					
			1//					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00