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COVER LETTER

Div	ision of Corp	oorations			
SUBJECT:		ER RENOVATIONS & SER	RVICES. LLC		
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of z	Amendment and fec(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Jefferson Bortoloti			
			Name of Person		
			Firm/Company		
		22435 SW 56th Ave			
			Address		
		Boca Raton - FL - 33433	3		
		City/State and Zip Code			
		JMBORTOLOTI@GMAIL			
		E-mail address: ()	to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Jefferson (Bortoloti		561 299-6609 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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)	

TO:

Registration Section

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

PROMASTER RENOVATIONS & SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com-	pany were filed on 05/23/2018	and assigned
Florida document number L18000129101		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
ADVANCE RENOVATION & SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation :: [L.C.]
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		Z 53.
		SET OF THE COLUMN THE
	***	₹
Enter new mailing address, if applicable:		OR!
(Mailing address MAY BE A POST OFFICE BOX)		© Om A
The state of the s		
New Registered Office Address:	s here:	
New Registered Office Address.	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, and at as provided for in Chapter 605, F	l I am familiar with and S. Or, if this document is
ī	f Changing Registered Agent, Signature of	New Degistered 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 Name** Address Type of Action □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ctive date, if other than th	06/06/2018	•
effective date is listed, the date must lift the date inserted in this b	st be specific and cannot be prior to date of filing or more that lock does not meet the applicable statutory filing requesternment of State's records.	n 90 days after filing.) Pursuant to 6450.
ecord specifies a delaye e 90th day after the re	d effective date, but not an effective time, cord is filed.	at 12:01 a.m. on the earlier
June 06 d	2018	
- <u> </u>	Almatila	
	1 mg	
	Signature of a member or authorized representative of a m	CINDET

Page 3 of 3

Filing Fee: \$25.00