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COVER LETTER

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	etion Section of Corporations	
	ILED IT! RENOVATION LLC	
SUBJECT:	Name of Louited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are submitted for filling.	
	correspondence concerning this matter to the following:	
	Daman Essert	
	Name of Person	-
	Firm/Company	-
	1041 Oriole Cir	7 2
	Address	-
	Naples Fl 34105	4 - : •
	City/State and Zip Code daman1983@hotmail.com	
	E-mail address: (to be used for future annual report notification)	` ₊
For further inform	nation concerning this matter, please call:	
Daman Essert	239 2724779 at ()	
	Name of Person Area Code Daytime Telephone Number	r
Enclosed is a chee	ck for the following amount:	
₽ \$25.00 Filing	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	ite of Status &
-	ation Section Registration Section	
Divisioi P.O. Bo	on of Corporations Division of Corporations ox 6327 The Centre of Tallahassee	
	issue, FL 32314 2415 N. Monroe Street, Suite 8	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Company as it now forida Limited Liability Cor	r appears on our records.) mpany)	
The Articles of Organization for this Limited Liabi Florida document number L18000133372	lity Company were filed	10n 11/22/20	old and assigned
This amendment is submitted to amend the following	uā:		
A. If amending name, enter the new name of the	e limited liability comp	oany here:	
The new name must be distinguishable and contain the words	: "Limited Liability Compan	y." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	····	
(Principal office address MUST BE A STREET A	DDRESS)		<u>.</u>
			·
Enter new mailing address, if applicable:			2
Mailing address MAY BE A POST OFFICE BO.	<u></u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis	stered office address or	our records, enter th	e name of the new registere
agent and/or the new registered office address h			
Name of New Registered Agent:	Scott	Mcc	Mongh
New Registered Office Address:			
	F.i	nter Florida street address	
-	City	, Flori	ida Zio Code
	City		Zip 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 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.

f 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

<u>fitle</u>	<u>Name</u>		Address			Type of Action
AMBR	Scott	Mecullongh	1041	Oriole	<u> (;r</u>	KAdd
			Naples	FL 3	14100	
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ective date, if other than the date of effective date is listed, the date must be speci	ific and cannot be pric				
e: If the date inserted in this block does ument's effective date on the Departmen	s not meet the appli nt of State's record	icable statutory is.	filing requireme	ents, this date wi	ill not be listed
cord specifies a delayed effective date, b s filed.	out not an effective	time, at 12-01:	a.m. on the earlie	er of: (b) The ^c	90th day after
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