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(Address)
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(Document Number)
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FEB 2 0 2020 S. YOUNG

COVER LETTER

TO: Registration Set Division of Con			
SUBJECT: O.	REMODELO Name of Lin	ited Liability Company	nglic
	Amendment and feets) are sub ondence concerning this matter	<u>-</u>	
	Florencia	RANOS Name of Person	
	O. N REMO	Firm/Company	dingice
	7760 AW	11 M STREET Address	
	PEMBROKE	Pines Fl. 33c City/State and Zip Code	,24
	ONIEN Odeldr E-mail address: (to be used for future annual deport notion	1. com
For further information c	oncerning this matter, please co	all:	
Florencia Name o	BAROS of Person	at (305) 647- Area Code Daytime	9768 e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	14 \$30,00 Filing Fee & Certificate of Status	S55.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

were filed on $28)73/2018$ and assigned
lity company here:
ity Company," the designation "L1,C" or the abbreviation "L,L,C,"

<u>N/H</u>
1)/4

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

<u>Title</u>	Name	Address	Type of Action
Mor Anthony W. Buford	7760 NN 11 "ST. P.Pines,	l_Add	
	BUECUS	F1 33024	□Remove
			□Change
			CJAdd
			□Remove
			[]Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Change
			🗆 Add
			□Remove
		□Change	
			DAdd
			□Remove
			□Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Anthony Wayne Buford to be
	22/24 70 The LLC ON REMODELING
	and Building 25 25% owner
ffec	tive date, if other than the date of filing:
ian e Note:	frective 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 605,020 and I file the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on earlier of 90th day after the record is filed.
,	
Dated	101/20/20 .2020.
	A
	Signature of a member or authorized representative of a member
	(With a Property of the Control of t
	Typed or printed name of signee