

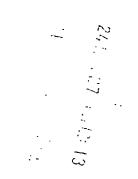
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2024

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## **COVER LETTER**

Div	ision of Co	orporations		
SUBJECT:	MAGDIE	L REMODELING SERVICES	S, LLC	
		Name of Li	mited Liability Company	<del></del>
The enclosed	Articles o	f Amendment and fee(s) are su	abmitted for filing.	
		ondence concerning this matte		
	·		. To the tonowing.	
		ARLEN RODRRIGUEZ		
			Name of Person	<del></del>
		EBYAR PROFESSIONA	L OFFICE SERVICES	
			Firm/Company	<u> </u>
	2989 W STATE RD 434 STE 400			
			Address	<del></del>
LONGWOOD, F1, 32779				
			City/State and Zip Code	<del></del>
1		SITEAYUDAMOS@YAH		
For further int	ormation c	E-mail address: oncerning this matter, please o	(to be used for future annual report no all:	tification)
ARLEN ROD			407 692-6101	
	Name o	f Person	at () Area Code Dayair	ne Telephone Number
Enclosed is a c	check for th	ne following amount:		
■ \$25.00 Fil	ing 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)
	ng Address		Street Address:	
	stration S sion of Co	orporations	Registration Se	
	Box 632		Division of Co The Centre of 1	-
Talla	hassee, F	L 32314		e Street. Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGDIEL REMODELING SERVICES, LLC		241	13.10
( <u>Name of the Limited Liability</u> (A Florida l	y Company as it now appear; Limited Liability Company)	s on our records.)	. 13
The Articles of Organization for this Limited Liability Co		· ·	: and assigned
Florida document number 1.18000209823			ma assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	·e:	
MP PRIME REMODELING LLC		_	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
A STREET ADDRE	<u>.33)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
TOTAL OF THE BOX			
B. If amending the registered agent and/or registered of	ffice address on our roo	ondo onton the or	
agent and/or the new registered office address here:	mice address on our rec	orus, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Enter Florida	i street address	-,
		, Florida	
<del></del>	City	, i loitua,	Zin 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.

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>	<u>Name</u>	Address	Typ? of Action
			Remove
			Change
		<del></del>	
			□Remove
		·	MChange
			□ Add
			□Remove
			Change
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
		-	∟Change

amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
<del>.,</del>	
<del></del>	
an effective da lote: If the d	te 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 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
record specif is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated MARC	H, 21 . 2024
	Magil
	Signature of a member or authorized representative of a member
Ma	AGDIEL PEREZ LEON
	Typed or printed name of signee