## 118000222218

(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co			
	nodeling, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cloches Da Silva, Marcus	Vinicius	
		Name of Person	
	CWB Remodeling, LLC		
		Firm/Company	
	14526 Huntcliff Parkway		
		Address	
	Orlando, Florida 32824		
	cwb.remodeling@gmail.cor	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Cloches Da Silva, Marc	eus Vinicius	407 408-2404	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
☐ S25.00 Fiting Fee	■ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CWB Remodeling, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 9/18/2018	and assigned
lorida document number L18000222218		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	14526 Hunteliff Parkway	
Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32824	
		<u> 20 <b>2</b></u>
Enter new mailing address, if applicable:	14526 Hunteliff Parkway	BI 2
Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida 32824	
<del> </del>		
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		ts, enter the name of the i
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street addre	ane
		lorida
	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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Cloches Da Silva, Davi Manoel	6451 Old Park Lane. Apt # 110 Orlando, Florida 32835	
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strectr f an effe	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docume	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier in 90th day after the record is filed.
1110	John day after the record is med.
N 1	
Jated _	
	maridhet
	Signature of a member authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00