## 118000 222808

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## COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		DELING SERVICES LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please :	return all correspo	ndence concerning this matter	to the following:	
		ANA E ROSARIO		
			Name of Person	
		AMERICAN TAX & PAY	ROLL SERVICES LLC	
		887 STATE ROAD 436	Firm/Company	
		CASSELBERRY, FL 3270	Address 07	
		ENISALVAREZ24@GMA	City/State and Zip Code IL.COM	<del></del>
		E-mail address: (	to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please co	ıll:	
RAFAEL ALVAREZ		407 733-9126 at ()		
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosi	ed is a check for th	ae following amount:		
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.06 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

	R,	A	REMODEL	JNG	SERV	/ICES	LLC
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R A REMODELING SERVICES LLC	2013 JUL 15 P 6: 89
( <u>Name of the Limited Liah</u> (A Flor	111. 47
	Company were filed on 09/19/2018 TALLAHASSEE, FLCFind A and assigned
The Articles of Organization for this Limited Liability	Company were filed on and assigned and assigned
Florida document number L18000222808	<del></del> ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY <u>BE A POST OFFICE BOX)</u>	Nip
B. If amending the registered agent and/or reg	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office at	<u>adress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

Title Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ENIS HIDALGO GATO	3116 KNOTTY PINE AVE	
		WINTER PARK, FL 32792	
			■ Remove
			Change
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			Remove
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			□ Add
			Remove
			Change

(If an e	tive date, if other than the date of filing:
) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
ľ3a	1 07/09 3019.
1,314.4	· ————· ———·
Date	
Date	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00