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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			:
SUBJE		REMODELING LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		JAMES SIRMONS		
			Name of Person	
		98 PIXIE CIRCLE	Firm/Company	
		CRAWFORDVILLE, FL 323	Address 327	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	ther information co	oncerning this matter, please ca	all:	
JAMES	SIRMONS		850 933-4029 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
= \$ 25	i.00 Filing 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)

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

SIRMONS REMODELING LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp Florida document number L18000226093	pany were filed on 09/24/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited l	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 ADDRES:	<u> </u>	
		·4(: F~)
		18 CB
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 ,
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		T.
B. If amending the registered agent and/or registere	d office address on our records,	enter the name of the nev
registered agent and/or the new registered office address	here:	26
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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>	Address	Type of Action
MGR	KIEFER FINCH	19338 NW BY RD	
		TALLAUAGEEE EL 20240	
		TALLAHASSEE, FL 32310	
			☐ Remove
			Change
			□ Remove
			Change
			7.0
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			☐ Change
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Note:	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00