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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Delivis Professional Remodel Name of Limited Liability Company	<u>ing Sol</u> utions LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jair Comez Name of Person	
Firm/Company	
1722 Sheridan Street	#219
10/141000 d, FL 33020 City/State and Zip Code	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Jair Gomez = 305, 307-	4194
Name of Person Area Code Daytime	Felephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status	© \$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

De Lio's Professional Remodeling Solutions LLC
(Name of the Limited Liability Company's it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on <u>OC </u>	and assigned
Florida document number <u>L / 8 0 00 24573/</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited line of the limited line of the limited line of the new name must be distinguishable and contain the words "Limited Line of the limited line of the line of the limited line of the lin	onal Solutions UC	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 AUG -
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		he name the tree
Name of New Registered Agent: New Registered Office Address:	n/R	
	Enter Florida streeghddress City Florida	Mp Code

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

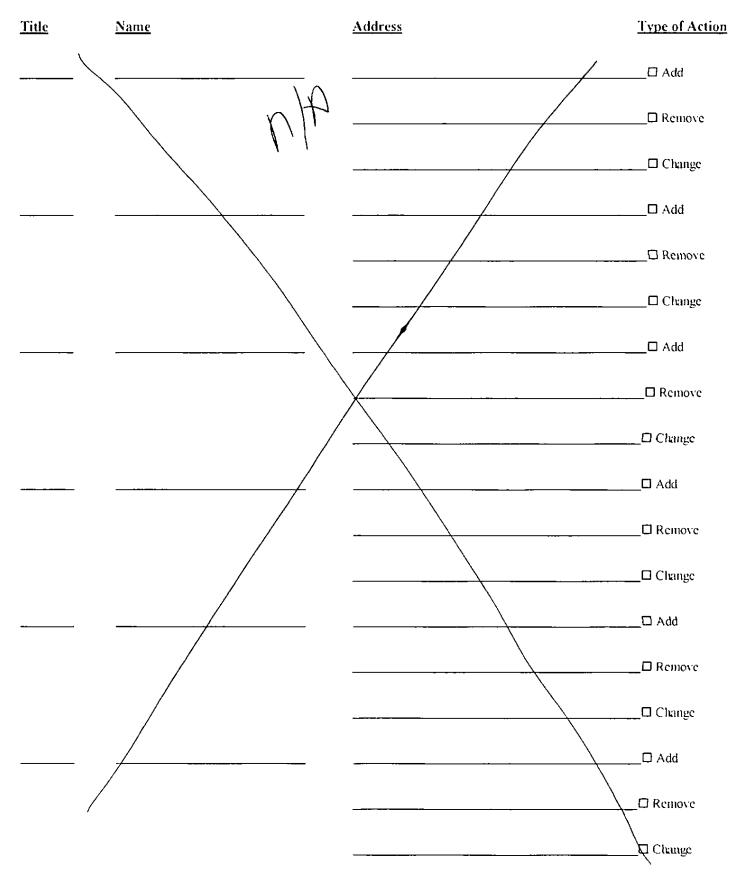
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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



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ore than 90 days after filing.) l	Pursuant to 605,020
g requirements, this date w	in not be fisted a
ime, at 12:01 a.m. o	n the earlier o
of a member	
	time, at 12:01 a.m. o

Page 3 of 3

Filing Fee: \$25.00