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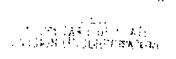
71 MAY 17 PM 3: 44

COVER LETTER

	Registration S Division of Co						
SHELLEC	ADDING	MANAGER AND TITLE CHA	ANGE	•			
SUBJECT: Name of Limited Liability Company							
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	turn all corresp	ondence concerning this matter	to the following:				
		MANUEL MONTAVES					
			Name of Person				
		ATIA REMODELING LL	.C				
			Firm/Company				
		8502 PADDOCK AVE					
			Address				
		TAMPA FL 33614					
			City/State and Zip Code				
		YAHIMA2482@YAHOO.					
For furthe	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)			
MANUE	L MONTAVE	5	813 4014222 at ()				
	Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed	is a check for t	he following amount:					
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres		Street Address:	ection			
	Division of C		_	Registration Section Division of Corporations			
I	P.O. Box 632	27	The Centre of	Fallahassee			
٦	l'allahassee,	FL 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 HAY 17 PH 3: 44

ATIA REMODELING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	ny were filed on 10/24/2018	and assigned
Florida document number L18000249685		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the designation	"LLC" or the abbreviation "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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	
<u></u>		, Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered Ager		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	tte performance of my duti s provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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 21!	4AY 17 PH 3: 44 <u>Type of Action</u>
MGR	MONTAVES, MANUEL	8502 PADDOCK AVE	□Add
		TAMPA, FL 33614	_
		<u> </u>	■Change
MGR	GONZALEZ, YAHIMA	8502 PADDOCK AVE	<u>≡</u> Add
		TAMPA, FL 33614	□Remove
			□Change
			□ Add
			Remove
			☐ Change
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THI	E TITLE "PRE	SIDENT' TO	MANAGER	ON MANU	EL MONTAVE	S.			_
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ctive	date, if other	than the da	te of filing:				(optior	ıal)	
effecti	ve date is listed, t	he date must be	specific and o	annot be prior	to date of filing or	more than	90 days after fi	ling.) Pursuant to (505.020
	ne date inserted 's effective date				ible statutory fil	ing requir	ements, this	late will not be l	isted a
ord sp	occifies a delay	ed effective da	ite, but not a	n effective tir	ne, at 12:01 a.m	. on the e	arlier of: (b)	The 90th day a	fter the
filed.									
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Filing Fee: \$25.00