Division of Corporations Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DBA REMODELING LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBA REMODELING LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 31 09 2019 and assigned Florida document number 19 0000112 34.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ilability company here:		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the		
The new name must be distinguishable and end with anowords. Earlied classific Company, and dasignation 220 or size abbreviation 22.2.0.		
Enter new principal offices address, if applicable:		
Enter new mailing address, if applicable:		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent.		
New Registered Office Address:		

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 statues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions 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 amend	ting the Managers or Authorized being added or removed from 5	Member on our records, enter the title, name, and address our records:	of each Man	ager or Authorized
	Manager Authorizes Member			
<u> Title</u>	Name	<u>Address</u>	Units	Type of Action
		Page 2 of 3		
C.	If amending any other inform	mation, enter changes(s) here: (Attach additional sheets, if	песеззагу.)
<u> </u>				
ח	/The affective date must be 6	the date of filling: 01 24 2019 (option pacific, cannot be prior to date of receipt or filed date and call by the Florida Department of States)		re than 90 days afte r
ĺ	at an			
<u>.</u>	A SOUTH OF THE SECOND OF THE S	Signature of a member or authorized representative of a med	mber	
	Manfredo Paxtor			
		Typed or printed name of signee		JAN 24 AM 9: 55