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COVER LETTER

Division of Corporations CONAWAY HOME REPAIR AND REMODELING LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Charlotte Cuenca Name of Person Firm/Company 841 Saraband Way Address San Jose, CA 95122 City/State and Zip Code Cadiaz70@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charlotte Cuenca Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee,

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

TO:

Registration Section

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONAWAY HOME REPAIR AND 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 Company were filed on _____ and assigned Florida document number _____L19000021682 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 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 ADDRESS) 841 Saraband Way Enter new mailing address, if applicable: San Jose, CA 95122 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 to 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHARLOTTE A CUENCA		☐ Add
			☐ Remove
		841 Saraband Way San Jose, CA 95122	☐ Change
			□ Add
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Effective date, if other than the d If an effective date is listed, the date must	ate of filing:	not be prior to	late of filing or more	than 90 days after filin	l) og) Pursuant to 605.020
Note: If the date inserted in this bloom	k does not meet	the applicabl	e statutory filing re	equirements, this dat	e will not be listed a
document's effective date on the Dep	artment of State	's records.			
ne record specifies a delayed	effective date	hut not a	n effective tim	e at 12:01 a m	on the earlier o
The 90th day after the reco	d is filed.	, out not a	in enecave an	ic, at 12.01 d.m	. on the carner c
August 14th Dated		019 ————			
Aha A	11 / 00	.			
	ignature of a mem	ber or authoriz	ed representative of	a member	
Charlotte Cuenca	-		-		

Page 3 of 3

Filing Fee: \$25.00