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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPERTAX

Account Number : I20200000010

: (407)777-7470

Fax Number

: (321)206-9743

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGOSTO REMODELATIONS AND MORE LLC

| Certificate of Status | 1 |
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COVER LETTER

TO:

| TO: | Registration Sect Division of Corpo | | | |
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| ~-40 104 | | MODELING AND MORE L | LC | •, |
| SUBJEC | J1: | Name of Limit | ed Liability Company | |
| The encl | losed Articles of A | mendment and fee(s) are subm | nitted for filing. | |
| Please re | eturn all correspon | dence concerning this matter to | o the following: | |
| | | AGOSTO, JOSE | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 626 SUNSET VIEW DR | | ··· |
| | | DAVENPORT, FL 33897 | Address | |
| | | <u> </u> | City/State and Zlp Code | |
| | | E-mail address: (1 | to be used for future annual report notification) | |
| For fur | ther information co | oncerning this matter, please ca | all: | . |
| AGOS | TO, JOSE | | 321 8020554 at () | |
| | Name of | Ретзоп | Area Code Daytime Teleph | one Number |
| Enclose | ed is a check for th | e following amount: | | |
| □ \$2 | 5.00 Piling Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I | section orporations 7 | Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230 | ons issee et, Suite 810 |

2021 HAR -5 PH 12: 08

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| AGOSTO REMODELATIONS AND MORE LLC | | | |
|---|-------------------------------|----------------------|-------------|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company | ears on our records.) | | |
| The Articles of Organization for this Limited Liability Company were filed on | 02/14/2019 | and assigned | |
| Florida document number L19000045989 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability company | here: | | |
| AGOSTO REMODELING AND MORE LLC | | | _ |
| The new name must be distinguishable and contain the words "Limited Liability Company," if | ne designation "LLC" or the a | bbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | <u> </u> | - - - |
| (Principal office address MUST BE A STREET ADDRESS) | | - | - X |
| | | 99 in 1 | ناح |
| Enter new mailing address, if applicable: | | 10 | |
| (Mailing address MAY BE A POST OFFICE BOX) | 11 | | _i;; 0 |
| | | | — @ |
| B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here: | ir records, enter the na | me of the new regis | terec |
| | | | |
| Name of New Registered Agent: | | | _ |
| New Registered Office Address: Enter | Florida street address | | _ |
| | . Florida | | |
| Chy | , | 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 |
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| (optional) | | 7 (23/15) : |
| ing or more than 90 days arest tungs;) russuant or ry filing requirements, this date will not be | listed as | s the |
| l a.m. on the earlier of: (b) The 90th day | after the | : |
| | | |
| • | | |
| | (optional) ing or more than 90 days after filing.) Pursuant to ry filing requirements, this date will not be | 14. S. |

D.

Filing Fee: \$25.00

Typed or printed name of signee