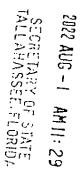
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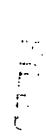
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration S Division of Co						
SUBJEC		X-ELENT REMODELING, LLC Name of Limited Liability Company					
SUBJEC	.1;						
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all corresp	ondence concerning this matter	to the following:				
			MARIO ROJAS				
			Name of Person		_		
		X-	ELENT REMODELING, LI	LC	7.S 7.S		
			Firm/Company 309 W. CORNELIUS CIR Address SARASOTA, FL 34232		2022 AUG - 1 AM II: 29 SECRETARY OF STATE TALLAMASSEELFLORID		
					15 TE TE		
City/State and Zip Code					RIG		
	kvfriendlysolutions@gmail.com						
			to be used for future annual rep	ort notification)			
For furth	er information (concerning this matter, please c	all:				
MARIO	ROJAS		941 600 8: at ()	218			
	Name (of Person	Area Code	Daytime Telephone Numb	ет		
Enclosed	is a check for t	the following amount:					
■ \$25.8	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	Filing Fee, rate of Status & ed Copy al copy is enclosed)		
	<u>Mailing Addre</u>		<u>Street Addr</u>	<u>'ess:</u>			
Registration Section			Registratio	on Section			
Division of Corporations P.O. Box 6327				of Corporations e of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X-ELENT 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 __04/03/2019 and assigned Florida document number _____1.19000092207 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 "LLC." 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 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: Enter Florida street 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 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.

City

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
MGR	MARIANA ROJAS	309 W. CORNELIUS CIR.	
		SARASOTA, FL 34232	□Remove
			□Change
			□Add
			Romove SECRET ALEGARDA
			ARRY O DAID TO STATE OR TO STA
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	07/12/2022	
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tote: If the date inserted in	this block does not meet the applicable statutory fi the Department of State's records.	ling requirements, this date will not be listed a
record specifies a delayed of is filed.	ffective date, but not an effective time, at 12:01 a.r	n, on the earlier of: (b) The 90th day after the
July 12 Pated	, 2022	
	1 fully	
	Signature of a member or authorized representat	ive of a member

Filing Fee: \$25.00