49000103117

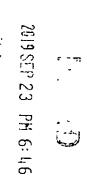
(F	Requestor's Name)
(<i>F</i>	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
([Ocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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05/23/19--01023--023 **25,00



R. WHITE OCT 0 8 2019

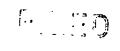
COVER LETTER

TO:	Registration Sec Division of Corp					
		AIR & RENOVATION.LLC				
SUBJE	CT:	Name of Limit	ed Liability Company			
The enc	losed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please n	eturn all correspon	ndence concerning this matter t	o the following:			
		Francesco Tognini				
			Name of Person			
		YOUR REPAIR & RENO				
		Firm/Company				
		YOUR REPAIR & RENO	VATION.LLC			
		· · · · · · · · · · · · · · · · · · ·	Address			
		1564 Weeping Willow Wa	у			
			City/State and Zip Code			
		Hollywood FL 33019				
		E-mail address: ()	o be used for future annual report no	otification)		
For furt	ther information c	oncerning this matter, please ca	dl:			
France	sco Tognini		654 330 4773			
	Name o	f Person	at () Area Code Dayt	ime Telephone Number		
Enclose	ed is a check for th	ne following amount:				
≅ \$ 25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SEP 23 PM 6: 46

YOUR REPAIR & RENOVATIO		•	
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	· i
The Articles of Organization for this Limited L Florida document number L19000103117	iability Company	were filed on	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1564 Weeping Willow Way Hollywood FL 33019	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	1600 NW 33rd St Lot 71 Pompano B	each, FL 33064
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	_	<u>.e</u> :	er the name of the
New Registered Office Address:	1600 NW 33rd	St Lot 71 Pompano Beach, FL 33064	
	POH	Enter Florida street address PRNO BEDOL, Florida City	330 64
		City	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

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
MGR	Francesco Tognini	1564 Weeping Willow Way Hollywood FL	
			Remove
MGR	Jorge Mario Mendez.	1600 NW 33rd St Lot 71 Pompano Beach, FL 33064	
			☐ Remove
			☐ Change
AMBR	Oscar R. Lopez	1600 NW 33rd St Lot 71 Pompano Beach, FL 33064	
			☐ Remove
			🗅 Change
			□ Remove
			Change
			□ Add
		·	☐ Remove
			☐ Change
			Add
			□ Remove
			Change

orge Mario Mendez as Mi Oscar Lopez as Authorized ny address: 1600 NW 33r	d Member	ano Beach, FL 330	64		
		ano Beach, FL 330	64		
ny address: 1600 NW 33r	rd St Lot 71 Pompa	ano Beach, FL 330	64		
	 				
isted, the date must be specifi serted in this block does	filing: fic and cannot be prior not meet the applic	r to date of filing or neable statutory filir	nore than 90 days a	after filing.) Pursuant	
		ot an effective	time, at 12:0)1 a.m. on the ϵ	earlier o
19-19	······································	·			
				anager	
Signature	0	1	e of automber		_
in iv	ilisted, the date must be speci- inserted in this block does ive date on the Departmen ifies a delayed effect or after the record is f	fother than the date of filing: I listed, the date must be specific and cannot be priorinserted in this block does not meet the applicative date on the Department of State's records lifters a delayed effective date, but not after the record is filed. Seco Tognini Exiting Member Signature of a member or authorized the second se	is listed, the date must be specific and cannot be prior to date of filing or n inserted in this block does not meet the applicable statutory filing ive date on the Department of State's records. ifies a delayed effective date, but not an effective of after the record is filed.	fother than the date of filing:	fother than the date of filing:

Page 3 of 3

Filing Fee: \$25.00