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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT. (Y	TES REMOULAT	ions LLC	
SUBJECT: 1º	1FS RENOVAT Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Steven	STOUFFER Name of Person	
		Name of Person	
	MFS R	ENOUATIONS ((C	-
		Firm/Company	
	1927 000	all tRAIL	
		Address	
	Melhourn	Je Fl 3797	<u> </u>
	11(61)	City/State and Zip Code	
	MFSRENCU	A TIONSO GMAIL, CO	testion
Con Combon to Comment on the		·	ncauony
ror turtner information co	oncerning this matter, please ca	111.	
Steveni	Stouffer	at (<u>779) Z38</u> Area Code Daytim	2-1310
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:	r.	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	않 \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	etion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	="	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MFS PENOVATION	ons (cc	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)	4
(A) forda Empley (chaining Company)	21
The Articles of Organization for this Limited Liability Company	were filed on May 8 2019	and assigned
Florida document number <u>L 19600 125 318</u>		- CG8
This amendment is submitted to amend the following:		무 역사 영화 3
A. If amending name, enter the new name of the limited liab	ility company here:	9: 53
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	previation "L.L.C."
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 a	address on our records, enter the name	e of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	DI 13	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agr	ee to comply with th

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
AMBR	MURPHY'S FINDLAY'S	3236 ELECTRA DRS	21 Add Grand
	LAW LLC	COLORADO SPRINGS (6	
		80906	P REP
AMBR	Marc Murphy	1670 Hill Cir	5 €
		CELORADO SPRINGS CO	Remove
		E0904	□Change
			□Add
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