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2019 CLT 28 AF #L GO SECRETARY OF STATE

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COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT: Sq	Remolation Lability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	Shawn R. Walcott	
	SGR Remodeling	
	20325 NW 34th Avenue	
	Mumi Gardens FL 33056 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	cerning this matter, please call:	
Shawn R. Name of P	Cerson at (786) 830-2327 Area Code Daytime Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee	following amount: \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filing Fee, } \text{ Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \$60.00 \text{ Filing Fee, } \text{ 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company swit now appears on our records.)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on My 13, 2019 and assigned Florida document number 1900 129028.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Sq. Remodeline, LC 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)
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 lne
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
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	ve date, if other than the date of filing: (optional)	
(If an effer	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 (3)(b) as the
	ent's effective date on the Department of State's records.	
If the rec	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	01.
(5) ///6		
Dated _	8-28 2019.	
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	Signature of a member or authorized representative of a member	
	Ai a loL	
	Typed or printed name of signee	
	Typed of princed name of signee	

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Filing Fee: \$25.00