## L190001a9097

(Requestor's Name)	
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(Business Entity Name)	
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C. GOLDEN
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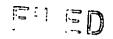
## **COVER LETTER**

TO:	Registration Se Division of Cor			
cupi		REYES REMIDELING LLC		
อดควา	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RUANO FLORES, STEPI	IANIE	
			Name of Person	
		37 PINE HAVEN DR APT	Firm/Company	
		PALM COAST, FLORID/	Address \\32164	
		GEORGEHDE476@GMAI	City/State and Zip Code L.COM to be used for future annual report notifi	eation)
For fu	rther information e	oncerning this matter, please ca		Canon,
RUANO FLORES, STEPHANIE		at (713 416-5217 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	he following amount:		
\$2	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 JUN -3 AM 10: 01

## REYES & REYES 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  $\frac{05/13/2}{1}$ and assigned Florida document number <u>L19000129097</u> 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 "L.L.C." 37 PINE HAVEN DR Enter new principal offices address, if applicable: APT B (Principal office address MUST BE A STREET ADDRESS) PALM COAST, FL 32164 37 PINE HAVEN DR Enter new mailing address, if applicable: APT B (Mailing address MAY BE A POST OFFICE BOX) PALM COAST, FL 32164 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.

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>	<u>Address</u>	Type of Action
MGR	HERNANDEZ RUANO, JORGE	374 PINE HAVEN DR APT B	
		PALM COAST, FL 32164	Li Add
			■ Remove
			Change
MGR	RUANO FLORES, STEPHANIE	374 PINE HAVEN DR APT B	
		PALM COAST, FL 32164	<b>=</b> Add
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Page 3 of 3

Filing Fee: \$25.00