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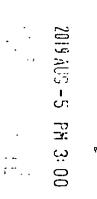
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(Do	ocument Number)	
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R. WHITE AUG 0 8 2019

COVER LETTER

TO: Registration Se Division of Cor		•	E
SUBJECT: Floy	rida's REr	Modeling P ted Liability Company	bruthers, LI
	Amendment and fee(s) are subn	<u>-</u>	
Please return all correspo	ndence concerning this matter t	to the following:	
	Johann	Name of Person	
	Florida's	Remodeling Firm/Company	Brothers
	1700 Leon	Address	
	Jackson	City/State and Rip Code	2246
	E-mail address: (to	5198200 OMR o be used for future annual report notific	il. COM
For further information co	oncerning this matter, please ca	11:	
Juhanna Name of	<u>Cabvera</u>	at (NO) 2800 - Area Code Daytime T	Telephone Number
Enclosed is a check for th	e following amount:		
₹ \$25.00 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:

1 1

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

(A F	Torida Limited Liability Company	y)
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on _	7/12/2019 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: :	
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>enter the name of the r</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
-		, Florida 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

MGR = Manager AMBR = Authorized Member Title Name Address **Type of Action** AMBR Carlos Amador 1700 Leon Rd #16 XAdd Jacksonville F1- 32240 Remove _□ Change AMBR George Machado 1700 Leon Rd. # 16 XAdd Jocksonville 71.32246 Remove ☐ Change ☐ Add □ Remove Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being add

or removed from our records:

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If an effective date i Note: If the date	f other than the da s listed, the date must be inserted in this block tive date on the Depa	specific and cannot does not meet the	applicable statutor	ng or more than 90 days	(optional) s after filing.) Pursuant to s, this date will not be	605.0207 listed as
	cifies a delayed e y after the record		out not an effec	tive time, at 12:	01 a.m. on the ea	irlier of
Dated	(15)		<u> 219</u> .			
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		Licenson	or authorized represe	ntative of a member		-

Page 3 of 3

Filing Fee: \$25.00