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## **COVER LETTER**

TO: Registration S Division of Co			
	JCH RENOVATIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOSE DURAN		
		Name of Person	
	TAX 123 INC		
		Firm/Company	
	13538 VILLAGE PARK I	DRIVE, SUITE 200	
		Address	
	ORLANDO, FLORIDA 3.	2837	
	INFO@TAX123INC.COM	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notificat	tion)
For further information	concerning this matter, please c	all:	
JOSE DURAN		407 361-5900 at ( )	
Name	of Person	Area Code Daytime Te	elephone Number
Enclosed is a check for	the 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 Addre Registration		Street Address: Registration Section	on
Division of C	Corporations	Division of Corpor	rations
P.O. Box 63	27	The Centre of Tall	lahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINE TOUCH RENOVATIONS LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records, nited Liability Company)	)
The Articles of Organization for this Limited Liability Com	pany were filed on 10/01/2019	and assigned
Florida document number L19000246562		
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."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
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		2019 SEC
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	> 0
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B. If amending the registered agent and/or registered of	fice address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		7 AE
Name of New Registered Agent:		, ,
New Registered Office Address:	Enter Florida street address	
	F1	ui.d.
	, Flor	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 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
MBR	Giovana L. Fortes Guimaraes	5755 CYPRESS HILL ROAD	
		WINTER GARDEN, FL 34787	Remove
			Change
			□Add
			SICRETURY OF SICRE
<del></del>			SS CO DA BOOK
		□Change	
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date model of the date inserted in this becoment's effective date on the light	ist be specific lock does no	and cannot be of meet the ap	plicable stat		than 90 days a			
record specifies a delayed effecti d is filed.	ve date, but	not an effecti	ve time, at 1	2:01 a.m. on	the earlier of	(b) The	90th day	after the
December 12		2019	·					
			<del>/</del>	:				
	Signature o	f a/member or	authorized rep	presentative of	a member			

Filing Fee: \$25.00