L19 000 292 716

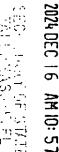
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100441135291

12/16/24--01010--024 **25.00



COVER LETTER

• • • • • • • • • • • • • • • • • • • •	on Section f Corporations	
SUBJECT:	Distinctive Designs and Renovations LIC. Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Caitlin Elin Name of Person	
	Distinctive Designs and Renovations (10	
	5960 9187 AVE Address	
	Pinellas Park Fl. 33788 City/State and Zip Code	
	Caitlinfla 12 Yahoo. Com E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
Caitlin	at (727) 564-0854 ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
\$25.00 Filing I	ce □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed) Certified Copy tadditional 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

(Name of the Limited	esigns a	nd Renova-	fions Ll	C	
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Li	r <mark>as it now appears on o</mark> ability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L19000997710</u>	pility Company w	vere filed on\\	77-2019	and assi	gned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liabili	ity company here:			
Caitlin Elin The new name must be distinguishable and contain the wor	Bathroom	1 Reneva	tions L	lc.	
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the designa	tion "LLC" or the a	abbreviation "L.1	c."
Enter new principal offices address, if applicab	ole:	5960	7151 AVE	-	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Pinellas	Park, f	-1. 337	8 2
				202 <u>-</u>	
Enter new mailing address, if applicable:			~ = = = = = = = = = = = = = = = = = = =	2024 DEC 116	n
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>		<u> </u>	, ,	11
				AM 10: 1	
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	records, enter	the name o	of the new
Name of New Registered Agent:	_ Caitli	NEIN 9151 AVE Enter Florida str			
New Registered Office Address:	5960	91ST AVE			
	Pinellas	Palk	Florida	33783)
	•	City		Zīp 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.

Catthe TW

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Caitlin Elin	5960 9188 AVE. 3378	Park, FI
			□ Remove
			Change
AnBR	Adeigha Oclellis		
		5960 9151 AVE PINETLES POIL,	Remove
			□ Change
			□ Remove
			□ Change
			□ Add
			Remove
			□ Change
			□ Add
			_□ Remove
			Change
			□ Add
			Remove
			D.Ch.

_	
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
-	
-	
-	
-	
_	
_	
_	
_	
_	
-	
_	
Effecti	e date, if other than the date of filing: (optional)
(If an eff Note:	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	Dec. 11 Th 2004 Cattle EW Signature of a member or authorized representative of a member
	Cartles Sun

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00