L20000018051

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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C. GOLDEN MAY 2 0 2020

COVER LETTER

Div	vision of Cor	porations		
SUBJECT:		AL REMODELING LLC		
SUBJECT;	ē.	Name of Lin	nited Liability Company	
The smales of	d Amiolou of	Among day and and food a large and food and an area.		
The enclosed	u Afficies of	Amendment and fee(s) are sub	omitted for thing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		JELISSA THEN RAMIRE	ΞZ	
			Name of Person	
		SANDOVAL REMODEL	ING LLC	•
			Firm/Company	
		7001 N CAMERON AVE	NUE	
			Address	
		TAMPA, FL 33614		
		-	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For further in	nformation co	oncerning this matter, please c	all:	
JELISSA TI	HEN RAMIR	EZ	201 898-8800 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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)

The state of the s

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SANDOVAL REMODELING LLC

2020 : -- - 1 PM 1: 01

(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		filed on 01/10/2020	and assigned
Florida document number L20000018051	····································		
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office addres		e name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida street address	
		. Flori	da
	Cit	<u>, </u>	daZip 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	JELISSA THEN RAMIREZ	7001 N CAMERON AVE	≣ Add
		TAMPA, FL 33614	□Remove
			□Change
			□Add
		 	□Remove
			□Add
			Remove
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			□Add
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<u></u>			□Add
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e: If the date insument's effective	rted in this block	does not meet the	he applicable :	statutory filing t	equirements.	this date will no	ot be listed a
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cord specifies a de	laved effective da	ite, but not an ef	ffective time, a	it 12:01 a.m. on	the earlier of:	(b) The 90th	day after the
s filed.	•						,
04/28/2020						2	
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