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(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section

Division of Cor	porations	·			
ено пест.	HR REM	10DELING LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.			
Please return all correspo	ndence concerning this matter	to the following:			
	МО	HAMED A. ELSHIMY			
		Name of Person			
	HR REMODELING LLC				
	Firm/Company				
33095 Sand Creek Dr					
	·	Address			
	WESLY CHAPEL, FL 33543				
		City/State and Zip Code			
	Ei	SHIMY24H@GMAIL.COM			
	E-mail address: (to be used for future annual report no	tification)		
For further information ed	oncerning this matter, please c	all:			
MOHAMED A ELSHIM	ΙΥ	414 614-8106			
Name of	Person		ne Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	S30.00 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 S		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Co	rporations		
P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HR	REMODELING LLC		
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	02/19/2020	and assigned
Torida document number	·		
his amendment is submitted to amend the following	ing:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the word	is "Limited Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		
			72
B. If amending the registered agent and/or regi		ords, <u>enter the nar</u>	ne of the new regis
gent and/or the new registered office address h	<u>iere</u> :		•
Name of New Registered Agent:			•
			=:
New Registered Office Address:	Futer Floric	la street address	<u></u>
	isher i lore	and the state of the	0
<u>.</u>		, Florida _	
	City		Zin 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
AMBR	KHALED H ABDELAAL	33139 SAND CREEK DR	= Add
		WESLY CHAPEL, FL 33543	□Remove
			□Change
		05-12-	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗖 Add
			Remove
			□Change
			□Add
			□Remove
			🗖 Add
			🗆 Remove
			□Change

			(Attach additional sheets, if necessary.)	
				
				
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		. <u> </u>	·	
(If an effective da <u>Note:</u> If the d		nd cannot be prior to meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant ole statutory filing requirements, this date will not	
If the record specif record is filed.	ies a delayed effective date, but no	ot an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
Dated	MARCH 23rd			
_	Signature or	a member or authoriz	zed representative of a member	
	Ç	монамер а е		
		Typed or printed		

Filing Fee: \$25.00