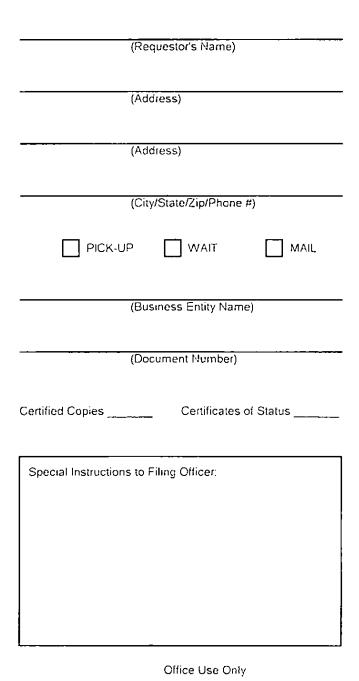
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	PICE	K UP: <u>06/22/2020</u>			
	CERTIFIED COPY				
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хх	FILING	AMENDMENT			
l .	MEDINA REMODELACTION LLC				
	(CORPORATE NAME AND DOCU:	MENT #)			
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration S Division of Co					
SUBJEC	orgo	MEDINA REMODELACION LLC T: Name of Limited Liability Company				
SUBJEC						
The encle	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		AMAURY MEDINA				
			Name of Person			
		MEDINA REMODELAC	ION LLC			
			Firm/Company			
		5222 NW 2ND ST				
			Address			
		MIAMI FL 33126				
		ada@bravoaccounting.com	City/State and Zip Code to be used for future annual report no	ntification)		
For furthe	er information (concerning this matter, please c	·			
ADA F E	BRAVO		954 963-8771			
	Name o	of Person		me Telephone Number		
Enclosed	is a check for t	he following amount:				
■ \$25.0	00 Filling 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: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration S Division of Co The Centre of	orporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2320

2029 JUL 22 AH 7: 58

MEDINA REMODELACION LLC

(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 Liability Compan	y were filed on $\frac{04/24/2020}{1}$	and assigned
Florida document number L20000111904		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		enter the name of the new registered
New Registered Office Address:		
	Enter Florida street address	
*		Florida
Your Devictored Agent's Signature if should be Devictored American		Zip Code
New Registered Agent's Signature, it changing Registered Agent and agonous ions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as the being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity e performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	- ree to act in this capacity e performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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 = Authorized Member

<u>Title</u>	Name	Address 2020 JUL 22 AH 7	Type of Action
MGR	AMAURY MEDINA	5222 NW 2ND ST. MIAMI FL 33126	
			□Remove
			□Change
MGR	AMAURI MEDINA	5222 NW 2ND ST, MIAMI FL 33126	□Add
			≡ Remove
			□ Change
		- -	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
	 		□Add
			□Remove
			☐Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7:58 All 7:58 E. Effective date, if other than the date of filing: ______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _____ JUNE 22 2020 Signature of a member or authorized representative of a member Ada F. Bravo

Typed or printed name of signee