## L20000117263

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☐ PICK-UP ☐ WAIT ☐ MAIL
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2020 OCT 19 PN 4: 52 SECRETARY OF STATE

11/23/20

## COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations			
P&P INS SUBJECT: _	TALLATION AND REÑOVAT	TION LLC		
SOBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	FRANKLIM PENA ZAPA	ΛΤΑ		
		Name of Person		
	P&P INSTALLATION A	ND RENOVATION LLC		
		Firm/Company		
	16500 CAGAN OAKS AI	PTO 106		
		Address		
	CLERMONT FL 34	714		
		City/State and Zip Code		
	Pp.installationrenovation@			
For further information	e-mail address: (	to be used for future annual report not	ification)	
FRANKLIM PENA ZAPATA		407 451-8589 at ()		
Name	of Person	Arca Code Daytin	ne Telephone 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 Se	etion	
Division of 0	Corporations	Division of Cor		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

P&P INSTALLATION AND RENOVATIONS LLC

2020 OCT 19 PM 4: 52

(Name of the Limited Liability Company as it now appears on our records) ETARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSEC FI TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 04/30/2020 \_\_\_\_\_ and assigned Florida document number L20000117263 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 252 WILOW BEND DR **DAVENPORT FL 33897** (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 16500 CAGAN OAKS APTO 106 CLERMONT FL 34714 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>	<u>Address</u>	Type of Action
MGR	FRANKLIM PENA ZAPATA	16500 CAGAN OAKS APTO 106	<b>≣</b> Add
		CLERMONT FL 34714	
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