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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ABO Remod	leting Services LLC	
30B/IC1-	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bonerje C	Ortiz Burgos	
		Name of Person	
	ABO Re	modeling Services LLC	
		Firm/Company	al report notification) 315-0973 Daytime Telephone Number 2 & □ \$60.00 Filing Fee. Certificate of Status &
	2102 Sunrise Driv	e	
		Address	
	Jacksonville, FL	32246	
		City/State and Zip Code	-
	bonerjeortiz@g		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ıll:	
Bonerjo	Oniz	904 315-0973 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABO Remodeling S		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record uted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000117883</u> .	pany were filed on05/01/2020	and assigned
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 "LLC	
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	- F - 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		31 PH 1:18
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	:5
	. Fl	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Age	gent:	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Orlin Alexander Ortiz Diaz	2102 Sunrise Dr. Jacksonville, FL 32246	≅ Add
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record spe I is filed.	ecifies a delaye	d effective date	, but not a	an effective	time, at 12	:01 a.m. on	the earlier o	£ (b) T	he 90th c	lay afte	r the
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