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COVER LETTER

CHDIECT.	TOTAL RE	VOVATION AND REPAIR L	LLC	
SOBJECT		Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MERADIC A. ARTIGA		
			Name of Person	
TOTAL RENOVATION AND REPAIR LLC				
			Firm/Company	
		4603 BOATMAN ST		filing. owing: ne of Person AIR LLC m/Company Address tte and Zip Code for future annual report notification) 561 846-9884 (
Address				
TOTAL REVOVATION AND REPAIR LLC Name of Emitted Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: MERADIC A. ARTIGA Name of Person TOTAL RENOVATION AND REPAIR LLC Firm/Company 4603 BOATMAN ST Address LAKE WORTH FL. 33463 City/State and Zip Code NROD0227@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MERADIC A. ARTIGA Name of Person At Code Daytime Telephone Number 2nclosed is a check for the following amount: \$\Begin{array} \text{S15.00 Filing Fee} \text{ S55.00 Filing Fee} & Certificate of Status \text{Certificate of Status} \text{ Street Address:} \text{ Registration Section} \text{Mailing Address:} \text{ Registration Section}				
			City/State and Zip Code	Address State and Zip Code d for future annual report notification) 3561 Area Code Daytime Telephone Number 55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section
	Division of Corporations TOTAL REVOVATION AND REPAIR LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: MERADIC A. ARTIGA Name of Person TOTAL RENOVATION AND REPAIR LLC Firm/Company 4603 BOATMAN ST Address LAKE WORTH FL. 33463 City/State and Zip Code NROD0227@GMAIL.COM E-mail address: to be used for future annual report notification) further information concerning this matter, please call: ERADIC A. ARTIGA Name of Person Area Code Daytime Telephone Number closed is a check for the following amount: I \$25.00 Filting Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section			
B 6 4 1	6			port notification)
ror turtner i	niormation c	oncerning this matter, please ca	aii:	
MERADIC	A. ARTIGA			9884
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
≘ \$25.00 l	Fiting Fee		Certified Copy	Certificate of Status & Certified Copy
Re	gistration S	Section	Registrat	ion Section
Di	vision of C	orporations	Division	of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL RENOVATION AND REPAIR LLC

(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our r ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comparation for this Limited Liability Comparation for this Limited Liability Comparation for the Articles of Organization for this Limited Liability Comparation for this Liability Comparation for the Liability Comparation for this Liability Comparation for the Liability Comparation for the Liability Comparation for the Liability Comparation for this Liability Comparation for the Liability Compara	ny were filed on <u>5/8/2020</u>	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or registered office address here:	ce address on our records, <u>e</u>	SECRETARY OF STATE of Re new register the name of Re new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	address
		_, Florida
	City	Zip 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 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>	<u>Name</u>	Address	Type of Action
MGR	MERADIC A. ARTIGA	4603 BOATMAN ST LAKE WORTH FL, 33463	= Add
			□Remove
			Change
MGR	NOELIA RODRIGUEZ		□Add
		4603 BOATMAN ST LAKE WORTH, FL 33463	Remove
			□Change
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. Hame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef Note:	ive date, if other than the date of filing: [cetive 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 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records.	5.0207 (3)(ted as the
the reco	rd 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 delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed effective date and the delayed effective date and the delayed effective date.	er the
Dated		
	Meradic A. Artiga Signature of a member or authorized representative of a member	
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	menadie A. Sitique	

Filing Fee: \$25.00