Electronic Filing Cover Sheet

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(((H20000355062 3)))

(shown below) on the top and bottom of all pages of the document.



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Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EXCLUSIVE REMODELING SOLUTIONS LLC**

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Y SULKER

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October 13, 2020

FLORIDA DEPARTMENT OF STATE

EXCLUSIVE REMODELING SOLUTIONS LLC 3525 SADDLEBACK LN LUTZ, FL 33548US

SUBJECT: EXCLUSIVE REMODELING SOLUTIONS LLC

REF: L20000161997

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

FAX Aud. #: H20000355062 Letter Number: 020A00020107

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ed Linbility Compan (A Florida Limited Li	is as it now appears on our	records.)	
The Articles of Organization for this Limited I. Florida document number L20000151997		were filed on <u>06/12/2020</u>	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liabil	lity company here:		
EXCLSIVE REMODELING SOLUTIONS LLC				<u> </u>
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company." the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic		NA		
(Principal office address MUST BE A STREE	ET ADDRESS)			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	2020 00 5ECRE	
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our records,	75. Δ 70.5	tere
Name of New Registered Agent:	JOSHUA B HA	ALLMAN	0 d	Q
New Registered Office Address: 8019 N HIME			97 O7	
	Enter Florida street uddress			
	TAMPA		Florida 33614 Zip Code	
Cit		Cite	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

EXCLUSIVE REMODELING SOLUTIONS LLC

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, Thereby confirm that the limited liability company has been notified in writing of this change.

Johns Hallman

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

Title	Name	Address	Type of Action
MGR	JOSHUA B HALL	3525 SADDLEBACK LN	Dadd
		LU1Z, FL 33548	
AMBR	JOSHUA B HALLMAN	3525 SADDLEBACK LN	
		LUTZ, FL 33548	□Retnove
			DChange
		-	Libacii (India
			TRemove
			□Change
			⊡Add
		***************************************	DRemove
			DChange
fabelopa (gad			□ □ Add
			DRemove
			DChange
<u>_</u>			□Add
			700

document's effective date on the Department of State's records.

he record specifies a delayed effective data, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.

Dated OCTOBER 9TH 2020

Johna Hallman

Signature of a member or authorized representative of a member

JOSHUA H HALL

Typed or printed name of signee