Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000295087 3)))



H200002950373ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TAX ZONE INC. Account Number : I20193000044 : (407)888-3131 : (888)453-0509 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TMB RENOVATION LLC Certificate of Status Certified Copy Page Count Estimated Charge \$25.00 AUG 2 1 2020

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Corporate Filing Menu

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(1)

COVER LETTER

TO: Registration Section 11 HZ0000Z950873"

Divisio	n of Corpor	ations

SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN F MORENO		
		Name of Person	
	TMB RENOVATION LLC	2	
	_ 	Firm/Company	
	524 WHITTIER AVE		
		Address	
	OCOEE, FL 34761		
		City/State and Zip Code	
	JUANMORENO17@ICLO		<u> </u>
	E-mail address: (to be used for future annual report notif	icstion)
For further information of	concerning this matter, please co	all:	
MARIA VENTURA		407 888-3131	
Name o	nt l'erson	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (addutional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

4 H20000Z950873"

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Asticles of Oscarization for this Limited Liability Company were filed on 06-25-2020	and assigned
The Articles of Organization for this Limited Liability Company were filed on 06-25-2020	and assigned
The Atticles of Organization for this Limited Lizonity Company were med on	
Florida document number L20000178670	
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"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	AUG .
Enter new mailing address, if applicable:	N)
(Mailing address MAY BE A POST OFFICE BOX)	- 11
Talling Billians Will De It 1300 - 011 100 - 011	0 5
B. If amending the registered agent and/or registered office address on our records, enter t agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
ប្រ	rida
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: 11 H2000029508734

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR JUAN F MORENO	JUAN F MORENO	524 WHITTIER AVE	□Add
		OCOEE, FL 34761	
			≅Change
MGR JARED S MORENO	JARED S MORENO	524 WHITTIER AVE	bbAC
		OCOER, FL 34761	
			☐ Change
			□Add
		☐ Remove	
			☐ Change
		DAdd	
		□ Remove	
		☐ Change	
		@Add	
		□Remove	
			☐ Change

.

Note	tive date, if other than the date of filing: (optional) (ffective 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 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he rec ord is	ord 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 filed.
Date	08-25- d
Date	Juden Country Signature of a member or authorized representative of a member
	JUAN M MORENO

Filing Fee: \$25.00