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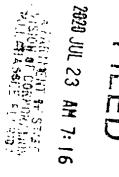
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COVER LETTER

TO:

Registration Section

Division of	Corporations		
	enovations LLC	•	
SUBJECT: ,	Name of Li	mited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
	Saleh Barakat		
		Name of Person	
	Solo Renovations LLC		
		Firm/Company	 .
	10465 Stapeley dr		
		Address	
	Orlando, FL 32832		
		City/State and Zip Code	
	Chagade@hotmail.com	45.1	
Francisco (company)		(to be used for future annual report not	tification)
	on concerning this matter, please	can:	
Salch Barakat		786 683-9891 at ()	
Na	me of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	e \$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)
Division of P.O. Box	on Section of Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C)F	3	
			18 T	
(<u>Name of the Lim</u>	ending name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." w principal offices address, if applicable: **Loffice address MUST BE A STREET ADDRESS** w mailing address, if applicable: **address MAY BE A POST OFFICE BOX** ORLANDO, FL 32832 ending the registered agent and/or registered office address on our records, enter the name of the new registered for the new registered office address here:			
	•	, , , , , , , , , , , , , , , , , , , ,	"LLC" or the abbreviation "L.L.C."	
The Articles of Organization for this Limited I	Liability Company	were filed on <u>06/30/2020</u>		
Florida document number <u>L20000183311</u>				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	company as it now appears on our records.) Immited Liability Company) Impany were filed on Obligation "L.C." or the abbreviation "L.L.C." ESS) 10465 STAPELEY DR ORLANDO, FL 32832 office address on our records, enter the name of the new registere		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "Li	LC" or the abbreviation "L.L.C."	
·		,		
Enter new principal offices address, if appli	cable:	·		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	**************************************	ion "LLC" or the abbreviation "L.L.C." Requirements of the new registere et address Florida 32832	
Enter new mailing address if applicable		10465 STAPELEY DR		
**		ORLANDO FL 32832		
(Mailing address MAY BE A POST OFFICE	<u>(</u>	VARIATION, FE DECISE	· · · · · · · · · · · · · · · · · · ·	
				
		address on our records, <u>ent</u> e	<u>er the name of the new registere</u>	
agent and/or the new registered office addr	ess nere:			
Name of New Registered Agent:	SALEH BARAKAT			
New Registered Office Address:	10465 STAPE	LEY DR		
	Enter Florida street address			
	ORLANDO	ī	Florida 32832	
	 :	City	Zin 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 addedor removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSE QUINONEZ	1513 HARRIER DR	🗀 Add
		ORLANDO, FL 32837	■Remove
			□Change
			
			□Remove
			□Change
			□Add
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lf an ef <u>Note:</u>	ive date, if other than the date of filing:
e recoi rd is fi	d 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 led.
Dated	07/20/20.
	Signature of a member or authorized representative of a member