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(Re	questor's Name)		
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. COVER LETTER

ro:	Registration Section Division of Corpo						
SUBJE	:cт: <u>6</u> <u>7</u>	W Remodeling Name of Ein	nited Liability Company				
The end	closed Articles of Ar	mendment and fee(s) are su	bmitted for filing.				
Please 1	return all correspond	lence concerning this matte	r to the following:				
		Georg	Se Williams Name of Person			2020 OCT -5	mar 1°
			Firm/Company			007	
		2798 Co	noe L		· · · · · · · · · · · · · · · · · · ·	.5 PH 3: 18	1 1 1
			1 6000	4286		3: 18 3: 18	
		E-mail address:	Port FL 3° City/State and Zip Code N Remodeling (to be used for future annual)	report notification)	· lum		
For fur	ther information con	cerning this matter, please					
	Toni Am Name of P	Williams.	at (<u>b7 (</u>)	258-47 Daytime Telepho			
Enclose	ed is a check for the	following amount:					
₹ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Certificate of Certified Co (additional cop	of Status ppy	
	Mailing Address:		Street A	ddress:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited Limited					
(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) d Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>しんのりいつうろう23</u> [ny were filed on Aug 4, Zo Zo and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ability company here:				
The new name must be distinguishable and contain the words "Limited Liab					
Enter new principal offices address, if applicable:	D P III				
Principal office address MUST BE A STREET ADDRESS)	<u> </u>				
	E(1) @				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new register</u>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street 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 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>Name</u>	<u>Address</u>	Type of Action
Toni-Am Williams	2798 Cance Ca	i 🔀 dd
	North Port FL34Z	96 □Remove
		Change
	[7]	D □Change Change Add
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		☐ Change
		□Add
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		Toni-Am Williams 2798 Cance Cn North Port FL34Z

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. (9ctober Signature of a member or authorized representative of a member