Lacooc264316

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COVER LETTER

TO: Registration Se Division of Co					
CHDIECT.	SAC HOM	E REMODELING LLC			
SUBJECT:	Name of Lim	ited 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:			
		SHAUN CHEATHEM			
		Name of Person		_	
		SAC HOME REMODELIN	I(i		
		Firm/Company		_	
		PO BOX 1514			
	Address			_	
		EAGLE LAKE			
		City/State and Zip Code		_	
		HAUNADAM143@YAOO.		_	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual i	report notification)		
To rarder information	concerning this matter, prease e	ш.			
-	НЕАТИЕМ	at (<u>863</u>) Area Code	585-8587		
Name (of Person	Area Code	Daytime Telephone Numl	oer .	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi Consist	Filing Fee, leate of Status & 22 and Copy Conclosed 1 and 1	n B
					1
Mailing Address: Registration Section		Street Ac Registra	<u>ldress:</u> ation Section	\triangleright	<u> </u>
Division of C	Corporations	Division	n of Corporations		
P.O. Box 63. Tallahassee,			itre of Tallahassee Monroe Street, Suite	. 810° 5	
rananasee,			ssee, FL 32303		

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAC HOME REMODELING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) AUGUST 25,2020 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ____L20000264316 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

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
AMBR	EDUARDO QUINTANA	2935 N MARTHA AVE. LAKELAND,FL 33805	\S\Add
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an effective date is l	other than the date of filir isted, the date must be specific an	id cannot be prior to	date of filing or more	(option than 90 days after fi	ling.) Pursuant to 605.0207
<u>Sote:</u> If the date is	iserted in this block does not ve date on the Department of	meet the applicab	le statutory filing r	equirements, this o	late will-not be B ed as
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record specifies a	delayed effective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
i is filed.					- 유선 약 - 1
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ated	MARCH 2	- 2021	. •		
	1	wthontiscu KANLN CREATHE	u		
 	Signature of 3	2202191-81-391-101ES	ged representative of	a member	
		SHAUN CHE	ATHEAT		
		Typed or printed		_	

Filing Fee: \$25.00