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COVER LETTER

TO:

Registration Section

Division o	f Corpora	ations		•			
	DESIGN .	AND REMODELING SEI	RVICES, LLC				
SUBJECT:		Name of Lim	ited Liability Company		•		
The enclosed Articl	les of Ame	endment and feets) are sub	mitted for filing.				
Please return all cor	rresponder	nce concerning this matter	to the following:				
		IOSE L.TRASLAVINA					
	-		Name of Person				
		J&M DESIGN AND REM	ODELING SERVICES, LLC				
	-		Firm Company	<u> </u>	_		
		940 City Plaza Way 64					
	-		Address		— თ	20	
	,	OVIEDO FL 32 3 65			ECRE	2022 OCT 11 PH 1:49	, mer.
	-		City/State and Zip Code				1
		TVALUZ2005@HOTMA	HCOM to be used for future annual report noti	fination)	- 20 - 20 - 20	-P-Y	المراجع المراجع
For further informa	tion conce	rning this matter, please ca	•	neadon)		-:	•
JOSE TRASLAVII	NA		321 945-8873		កា	ڡ	
N	ame of Per	Son	at () Area Code Daytim	e Telephone Numb	per		
Enclosed is a check	for the fo	llowing amount:					
■ \$25.00 Filing F	See E	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee cate of Sta ed Copy tal copy is e	atus &	
<u>Mailing A</u> Registrat		ion	<u>Street Address:</u> Registration Se	ction			
Division	of Corp		Division of Cor	porations			
P.O. Box Tallahas		32314	The Centre of T		Q1/)		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&M DESIGN AND REMODELING SER	RVICES, LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records ida Limited Liability Company)	(1
The Articles of Organization for this Limited Liability	Company were filed on 11/12/2020	and assigned
Florida document number L20000359193	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		72G G T
(Principal office address MUST BE A STREET ADI	DRESS)	
		100 1 11
		MO T
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		Lt.
B. If amending the registered agent and/or register		he 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	
<u></u>		rida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	

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Carried C

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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSE TRANSLAVINA	940 City Plaza Way 64 OVIEDO FL 32765	🗆 Add
			≡ Remove
			□Change
AMBR	ŁUZ M. VILLATE	940 City Plaza Way 64 OVIEDO FL 32765	= Add
			□Remove
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