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2022 APR 11 AM 7: 00 SECRETARY OF STATE TALLAHASSEE, FL

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•	COVER LETTER		
TO: Registration So Division of Co			۰ ۰ ۰
VEMEX R SUBJECT:	EMODELING COMPANY, L	LC	
5005ra.1.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LUINYER J LAMMERSI	OORF MONTOYA	
		Name of Person	
	·	Finn Company	
	6308 TROUVAILLE PL		
		Address	
	DAVENPORT, FL 33896		
	ELCHAMO0826@GMAIL	City/State and Zip Code	2
		to be used for future annua	l report notification)
For further information e	oncerning this matter, please e	all:	
LUINYER J LAMMER	SDORF MONTOYA	· · · · · ·	96-0341
Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	Solution Status Solution of Status	S55.00 Filing Fee Certified Copy radditional copy is er	Certificate of Stat
Mailing Addres			<u>Nddress:</u>
Registration Section Division of Corporations		Registration Section Division of Corporations	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF T	0 · · · · · · · · · · · · · · · · · · ·	
ARTICLES OF C O VEMEX REMODELING COMPANY, LLC	DRGANIZATION022 APR 11 AM 7:00 F SECRETARY OF STATE TALLAHASSEE, FL	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000359845</u>	were filed on <u>11/13/2020</u> and assigned	
VEMEN GUTTER AND REMODELING SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6308 TROUVAILLE PL	
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FI. 33896	
Enter new mailing address, if applicable:	6308 TROUVAILLE PL	
(Mailing address MAY BE A POST OFFICE BOX)	DAVENPORT, FL 33896	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</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:

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•

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	LUINVER J LAMMERSDOR MOUT	OYA6308 TROUVAILLE PL	□Add
		DAVENPORT, FL 33896	
			Change
			□OAdd
			🗇 Change
			🖸 Add
			🖸 Change
			⊡Add
			🖸 Remove
			🗆 Change
			🗆 Add
		·····	
			□Change
			⊡Add
			⊡Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	<u></u>
·	

(optional)

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 tiling or more than 90 days after tiling.) 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.

Dated Apri unut Signature of a member or authorized representative of a member

LUINYER J LAMMERSDORF MONTOYA

Typed or printed name of signee