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COVER LETTER

	Registration Se Division of Co			I
SUBJEC		modeling Group LLC		
SOBJEC	· ! ·	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Rodrigue Zamb		•
			Name of Person	
		Tax4U		
			Firm/Company	
		4730 NW 14th Stret		l
			Address	<u> </u>
		Lauderhill, Florida 33313		
			City/State and Zip Code	
		rodrigue.zamb@accountant	.com	
		E-mail address: (to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please c	all:	
Velasque	z Carlos E		786 400-0293	I
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Addres		Street Address:	ı
	Registration S		Registration So	
	Division of C P.O. Box 632	-	Division of Co The Centre of	
	Γallahassee, F			ne Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jay Vee Remodeling Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L21000027311 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida

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>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Velasquez Carlos F.	1611 Pennsylvania Ave 2 Miami Beach FL 33139	ddd
			Remove
AMBR	Velasquez Maldonado J	1611 Pennsylvania Ave 2 Miami Beach FL 33139	□Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
AMBR	Velasquez Jesus A	1611 Pennsylvania Ave 2 Miami Beach FL 33139	≡ Ådd
			□Remove
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ecord specifies a delayed effective of sfiled.	date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90	oth day after th
February 09th	2021		
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Si	gnature of a member or authorized representation	entative of a member	
	•		