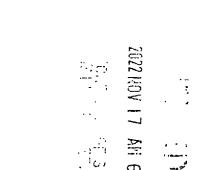
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(Re	questor's Name)	
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A. BUTLER FEB = 3 2023

COVER LETTER

TO:

Registration Section Division of Corporations

	RENOVATIONS 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:				
	DEL ENNIS GUZMAN					
		Name of Person				
	DEL PRO RENOVATION	SS LLC				
		Firm/Company				
	8006 MOBILAIRE DR					
		Address				
	ORLANDO, FL 32822					
		City/State and Zip Code				
	DELPRORENOVATIONS					
	E-mail address: (to be used for future annual report not	ification)			
For further information c	concerning this matter, please c	all:				
DEL ENNIS GUZMAN		407 729 - 6311 at ()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he following amount:					
€ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION | OF

DEL PRO RENOVATIONS LLC

2022 NOV 17 AM 6:51

	mpany as it now appears on our records.) ted Liability Company)
tV Lioligi Pinni	The company of the co
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{01/27/2021}{}$ and assigned
Florida document number 1.21000049281	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:
DEL PRO RENOVATIONS AND RESTORATIONS LEC	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
THURING UNIVERSITY OF THE POST OF THE POST OF	
B. If amending the registered agent and/or registered offi	ice address on our records, enter the name of the n <u>ew-reg</u> i
	ice address on our records, <u>enter the name of the new reg</u>
	ice address on our records, <u>enter the name of the new reg</u>
agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	ice address on our records, <u>enter the name of the new reg</u>
agent and/or the new registered office address here:	Enter Florida street address

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	Address	Type of Action
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			[]Change
			🗀 Add
			□Remove
			□Change
			□Add
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			□Change

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E. Effective da	ite, if other than date is listed, the date	he date of t	iling:			(0	optional)	
(If an effective	date is listed, the date	must be specifi	e and cannot b	oe prior to date	of filing or mo	re than 90 days	after filing.) Pur	suant to 605,0207
Note: If the document's	date inserted in thi effective date on the	s block does i e Department	of State's re	appricable si cords,	autory ming	requirements	, tins date win	. Here the traced as
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record is filed.	mes a delayer effe	cire date. Ou	, i.e. air circ					
	OBER 10		2022					
Dated OCT			 ·					
Dated		n //		/ .		,		
Dated	194	°. L	~	()·	wa	-6		
Dated OCT	194	Signature	of a member of	or authorized (epresentative of	of a member	<u></u>	

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Filing Fee: \$25.00