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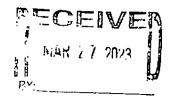
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COVER LETTER

TO: Registration Se Division of Corp			
SUBJECT: AB	S fenovations U	,	
SUBJECT:		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Anthony A. Dia	2 3 Sofia Lope 2 Name of Person	
	ABS Re	nuvations UC Firm/Company	
	8533 Grand P	TSPEN Way	
	Riverview F	City/State and Zip Code	
		1 1994 @ aol. (om be used for future annual report notif	ication)
For further information ec	oncerning this matter, please ca	all:	
Anthony A	. Diav Person	at (<u>136)</u> <u>910 - 6</u> Area Code Daytime	209 Telephone Number
Enclosed is a check for the	e following amount:		
₹ \$25.00 Filing Fee	□ \$30.00 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 S	ection	Street Address: Registration Sec	
Division of Co	лионацина	Division of Corp	xorations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A35 Removations	W	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21.000.77419}{}$.	were filed on $02/15/202$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
POAD STAR HAULT NG UC The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	5429 limelight D	<u>r</u>
(Principal office address MUST BE A STREET ADDRESS)	Apollo Brach Fr 33	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5429 limelight Dr Apoilo Bauch Fr 335	72.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	eddress on our records, enter the name	Sthe new registered
Name of New Registered Agent:	: .	7 111
New Registered Office Address:	Enter Florida street address Florida	28
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective	date, if oth	er than the date	of filing:			(optional)	
an effect lote: If	ive date is liste the date inser	d, the date must be sp	ecific and cannot ses not meet th	e applicable sta	of filing or more than tutory filing requi	90 days after filing.)	Pursuant to 605.0207 will not be listed as
record s is filed	pecifies a del	ayed effective date	, but not an eff	ective time, at 1	2:01 a.m. on the c	earlier of: (b) The	90th day after the
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