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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
		
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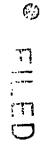
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COVER LETTER

	Registration Sec Division of Corp		* *	
SUBJECT	PROREMO	DELING FLORIDA, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please retu	urn all correspor	ndence concerning this matter	to the following:	
			JOHAN PORTILLA	
			Name of Person	
		PROREMODELIA	Firm/Company	
			3305 Via De La Reina	
			Address Jacksonville, FL 32217	
			City/State and Zip Code	
		Johan (a E-mail address: (1	proremodulingfl. com. to be used for future annual report notification)	
For further	r information co	ncerning this matter, please ca	ail:	
JOHAN P	ORTILLA		904 3160589 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed i	s a check for the	e following amount:		
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional copy	f Status & by ? D
				照 (i)
R D P	failing Address Registration S Division of Co O. Box 6327 Callahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	LED 24 A IO: 17

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited L	iability Company were filed on	and assigned
Florida document number	<u> </u>	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addressed and the Name of New Registered Agent:	registered office address on our ress here: Paola Worthington	ecords, enter the name of the new registered
New Registered Office Address:	3305 Via De La reina	
	Enter Flor	er Florida street address
	Jacksonville	, Florida 32217
Novy Decistance Access Singular St. Land	City	ZasCode
New Registered Agent's Signature, if changing	· · · · -	蓋
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of i istered agent as provided for in C registered office address, I hereb	my duties, and I am familiar with and hapter 605, F.SOr, if this document is

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>	<u>Address</u>	Type of Action
MGR	Johan Portilla	3305 Via De La Reina Jacksonville, FL 32217	□Add
		<u>-</u>	□ Remove
			Change
			□Add
			□Remove
			□Add
			🗀 Remove
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			□Add
			□Remove
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ecord specifies a del is filed.	layed effective da	ate, but not an eff	ective time, at 1	2:01 a.m. on th	e earlier of::(b)	The 90	oth day after th
03/15/2021 ted		,				MAR 2	<u> </u>
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