121000087458

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10/29/21--01019--003 **25.00

COVER LETTER

	Registration Se Division of Cor			
emp uze		OR REMODELING LLC		
SUBJEC	-l:	Name of Lir	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matter	r to the following:	
		Yalileurys Salvador Perez		
			Name of Person	
		YALILEURY SALVADO	OR PEREZ	
		_	Firm/Company	
		6223 PALMVIEW CT		
			Address	.
		TAMPA FL 33625		
		···	City/State and Zip Code	
		SALVADORYALI@GMA		
			to be used for future annual report not	ification)
For furthe	er information co	oncerning this matter, please of	all:	
YALILE	URYS SALVAI	DOR PERES	813 6190076 at ()	
	Name of	Person		ne Telephone Number
Englosed	is a check for th	e following amount:		
\$25.0	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		<u>Street Address:</u> Registration Se	ction
	Division of Co		Division of Cor	
	P.O. Box 632		The Centre of T	
	Fallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now (A Florida Limited Liability Con	rappears on our records.) mpany)
The Articles of Organization for this Limited Florida document number 1.21000087458	Liability Company were filed	1 on 10/26/2021 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability comp	<u>eany here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
inter new mailing address, if applicable:		2021 O
Mailing address MAY BE A POST OFFICE	<u></u>	57 CT 29
		(2)
		our records, enter the name of the new regis
gent and/or the new registered office addr	ess here:	100 Per 100 Pe
Name of New Registered Agent:	YALILEURYS SALVADO	OR PEREZ
New Registered Office Address:	6223 palmview ct	
	En	nter Florida street address
	tampa	, Florida 33625
	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
MGR	YALILEURY SALVADOR PERE	6223 PALMVIEW CT TAMPA FL 33625	= Add
			□Remove
			Change
			DAdd
			□Remove
			SChange CC
			Remove
			□Add
			□Remove
		 -	□Change
			□Add
			□Remove
			□Change
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ective date, if othe	er than the date of	filing:	1 2 2 2 4	(0	ptional) fter filing.) Pursuant to 605.02
te: If the date insert	ed in this block does	not meet the appl	icable statutory f	or more than 50 days a iling requirements.	this date will not be listed
ument's effective da	ate on the Departmen	t of State's record	ls.		
aard araaitiac a dala	and affactive data, by	t not an effective	time at 12:01 a	m on the earlier of	(b) The 90th day after the
cord specifies a deta c filed.	yed enective date, oo	e nor an enecuve	time, at 12.77 a.	m. Wil the currer wi	. (o, me ma de, anem
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