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COVER LETTER

TO: Registration Sec Division of Corp		·	
SUBJECT:	JC Moran Tot Name of Limit	cal Remodeling ed Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Eliza	abeth Thompson	<u>n</u>
	Smart Cho	ice Business S	Stutions
	1014 Jah	Ave W	
	Palm	etto, F 342; City/State and Zip Code Smartchoiceb be used for future annual report noti) I
	man+ (e	Smartchoiceb	12. Com
For further information ed	oncerning this matter, please cal		
Elizabe Name of	2th Thompson Person	at (<u>0</u> 41) 721- Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	UT\$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Jc Moran	Total Remodeling LLC, or size	D
(Name of the Limited Liabil (A Florid	IDIAL Remodeling FIRETARY OF STATE LANGE COMPANY OF STATE LANGE COMPANY OF STATE LANGE COMPANY OF STATE LANGE COMPANY OF STATE COMPANY OF STAT	ļē.
The Articles of Organization for this Limited Liability (Florida document number <u>レス1000 134 a3</u>	Company were filed on 3/14/2021 and assigne	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	uited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new reg	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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	Juan C. Moran	2309 304h Ave W	□Add
		Bradenton, Fl 34205	KRemove
			□Change
MGR	Hilda J. Bortalatin	2309 30th Ave W	XAdd
		Bradenton, F1 34205	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
 -			□Add
			□Remove
<u></u>			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change

D. If amend	ling any other information, enter change(s) here: (Anach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
f the record sp ecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 25th 2021
	Signature of a member or authorized representative of a member
	Elizabeth Thompsu. Typed or printed name of signee