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(Business Entity Name)

(Document Number)

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2021 SEP 13 PM 8:29
SECRETARY OF STATE
TALLAHASSEE, FL

9/21/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REMODELING FC, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDO J COLMENAREZ-LARA

Name of Person

REMODELING FC, LLC

Firm/Company

4607 GATE PLACE 07

Address

ORLANDO, FL 32811

City/State and Zip Code

wavecapital@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO J COLMENAREZ-LARA

407 613-4385
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REMODELING FC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/19/2021 and assigned
Florida document number L21000130939.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FERNANDO J COLMENAREZ-LARA

New Registered Office Address:

4607 GATE PLACE APT 07

Enter Florida street address

ORLANDO

City

Florida 32811

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.

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change
NA _____	NA _____	NA _____	<input type="checkbox"/> Add
		_____ _____	<input type="checkbox"/> Remove
		_____ _____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

[illegible]

E. Effective date, if other than the date of filing: NA (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 10TH 2021

- DocuSigned by:

9/2

Signature of a member or authorized representative of a member

FERNANDO J COLMENAREZ-LARA

Typed or printed name of signee

Filing Fee: \$25.00