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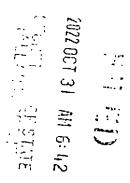
(Requestor's Name)	_		
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(Business Entity Name)	_		
(Document Number)			
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A. BUTLER
JAN 4 3 2023

COVER LETTER

O: Registration S Division of Co						
	ODELING GROUP LLC					
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	MARVIN ALEXIS CRUZ					
	 -	Name of Person				
	MC REMODELING GRO	UP I.LC				
		Firm/Company				
	1769 NW 30TH ST					
		Address	 			
	MIAMI, FL 33142					
		City/State and Zip Code				
	mcruz161982@gmail.com	to be used for future annual report notification)				
For further information	concerning this matter, please concerning this matter, please concerning this matter.	•				
mcruz161982@gmail.c	om	954 709-0580 at ()				
Name	of Person	Area Code Daytime Telephone	Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	50.00 Filing Fee, certificate of Status & certified Copy additional copy is enclosed)			
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e			

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

MC REMODELING GROUP LLC

NG GROUP LLC
(Name of the Limited Liability Company as it now appears on our records.) 7: 6: 42 A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/02/2021}{2}$ and assigned Florida document number _____L21000154203 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

MGR = Manager MBR = Authorized Member

<u> fitle</u>	Name	Address	Type of Action
AMBR	ZELAYA ZELAYA, OSVIN A	1769 NW 30TH ST	■Add
		MIAMI, FL 33142	□ Remove
			Change
		 	
			□Remove
			Change
		□Add	
			□Remove
			□ Change
			□ Add
		 	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	N/A
(If an e Not e	ctive date, if other than the date of filing:
f the rec ecord is	ord 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 filed.
Date	d 10-27-22.
	Signature of a member or authorized representative of a member
	MARVIN ALEXIS CRUZ