



<u> </u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

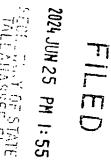
Space to Ms. Smith she advised She listed the Living actoriss
For Principle & chanted to be removed under authorized persons Permission given to write in Chayes 7/18/24 12:53 pm

Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp			
CHDIE		da Renovations LLC		
SUBJE	CI:	Name of Limite	ed Liability Company	
		Amendment and fee(s) are submadence concerning this matter to	Name of Person Florida Ronavations LC Finn/Company POWTAKER DY Address Address Address Address Address City/Nata and Zip Code Orida renovations 0 576@gmail. com dress: (to be used for future annual report notification) lease call: at 3d1 Area Code Daytime Telephone Number & \$55.00 Filing Fee & \$60.00 Filing Fee.	
		Silvia smith		
		51 All PU	Finn/Company	tions LLC
		35406 POV		
		Pruitand 52 all Plorid	City/State and Zip Code a reno 60440 ns Code be used for future annual report notific	34731 576@gmail.com
For fur	ther information co	oncerning this matter, please cal		,
5	Name of	Smith Person	at 3 Al Al0 — Area Code Daytime	
Enclos	ed is a check for th	e following amount:		
≅ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration S		Street Address: Registration Sec	tion

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

S J All Florida Renovations LLc				
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our recability Company)	<u>:ords.</u>)	
The Articles of Organization for this Limited Florida document number L21000162311				and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liabil	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "I	LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if appli	icable:	6471 Kinlock D	R	
(Principal office address MUST BE A STRE	ET ADDRESS)	Docksinville	FL 322K	· ·
		v	1	, .
Euten non mailing address if applicables	_ *	6471 kinlock Dr. Jacksonvi	ille, FL 32219	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
indiana address (MII DESTITOSI VI 110)	22000			
B. If amending the registered agent and/or agent and/or the new registered office addr			ter the name of	f the new registered
Name of New Registered Agent:	- IVIAIISOI KUIZ IIIC		<u> </u>	
New Registered Office Address:	6471 Kinlock Da		- <u> </u>	
	Jacksonville	Enter Florida street ad		25 F
New Registered Agent's Signature, if changing	Registered Agent:	City		T.
I hereby accept the appointment as register provisions of all statutes relative to the pro	red agent and agre per and complete p	e to act in this capacity. In the performance of my duties	further agree and am fam	to comply with the iliar 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.

Mausol fur Wendozo
If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Marisol Ruiz Mendosa	6471 Kinlock Dr. Jacksonville FL, 32219	
			Remove
			□Change
MGR	Jesus Udiarte	6471 Kinlock Dr, Jacksonville FL, 32219	= Add
			□Remove
			□ Change
	Silvia Sinth		□Add
			Remove
			□ Change
SV	Silvia Smith		□Add
			Remove
			Change
			□Add
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			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Do	date of filing:	be prior to dat applicable s	of filing or more	(opt than 90 days afte equirements, th	r filing.) Pursuant	to 605,020 be listed a
record specifies a delayed effective Lis filed.	: date, but not an effe	ctive time, a	t 12:01 a.m. on (the earlier of: (b) The 90th da	y after the
ated	, 2024	·				
nigeness .g.,	Silvio	an	itu	- t	<u></u>	
	Signature of a member	or authorized	representative of	a member		
	_	·	<u> </u>			