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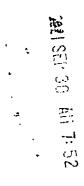
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corpor			
SUBJECT: EM	Renovation Name of Lim	ited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	<u>Emily</u>	Sime ae2 Name of Person	
	EM	lenovations, LL Firm/Company	C
	14681 5	Sunset Street A	P+ A
	Clearwate	City/State and Zip Code	
-	E-mail address: (10vations/1/ce @gma to be used for future annual report notifi	d. Com
For further information conc	cerning this matter, please, ca	all:	
Emily 5 m	ence.	at (772) 924-5 Area Code Daytime	393 i Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	tion.	Street Address:	ion
Registration Sec Division of Con		Registration Sectorial Division of Corp	
P.O. Box 6327	μοιαποπο	The Centre of Ta	
Tallahassee, FL	32314		Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF #150 30 All 7:50

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 Changing 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 = Mar AMBR = Aut		IN STREET	
<u>Title</u>	Name	IN SEP SO FH 7: 52	Type of Action
MGR	Emily V. J. menez		🗆 Add
		Clearwater, F1-33760	Remove
			Change
MER	Eiffer M Peguero Se	everino 1468 Sunset St. Apl A	(2 (Add
		Clearwater FL 33760	□Remove
			Change
			□Add
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Emily V	d Eiffer	<u>as</u>	G R	egist.	ered	Agent	7
and ad	d Eiffer	M. Pe	gueco	_Sex	در ۵۰	+0	be_
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If the date inserte	r than the date of filithe date must be specific and in this block does not the on the Department of	t meet the appli	cable statutor	g or more the	2021 (oj an 90 days a uirements,	otional) fter filing.) P this date w	tursuant to 60 ill not be lis
, 'm I1-	yed effective date, but r	not an effective	time, at 12:01	a.m. on th	e earlier of	:(b) The	90th day afi
iled.	ober 27	, <u>2021</u>	·				
iled.	sper 27	8.0	horized represe				

Filing Fee: \$25.00