h21000 246518

(Requestor's	Name)
(Address)	
, ,	
(Address)	
(Addless)	
(City/State/Zi	p/Phone #)
PICK-UP W	/AIT MAIL
(Business Er	etite Nama)
(Dusiness Ei	ioty Name)
	
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Certified Copies Ce	rtificates of Status
Certified Copies Ce	rtificates of Status
Certified Copies Ce	rtificates of Status
Certified Copies Ce	
-	
r -	
Special Instructions to Filing Offi	icer:
	icer:
Special Instructions to Filing Offi	icer:
Special Instructions to Filing Offi	icer:
Special Instructions to Filing Offi	icer:
Special Instructions to Filing Offi	icer:



300370079183

07/19/21--01015--015 **30.00

□ 1 2 19 A II 2u

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: TONY'S I	REMODELING GROUP LLC		
SUBJECT: TONY'S REMODELING GROUP 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: MEYLIN HERNANDEZ FUENTES			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	MEYLIN HERNANDEZ	2 FUENTES	
		Name of Person	
		Firm/Company	
	214 PRINCE AVE		
		Address	
	MELBOURNE, FL 32901		
		City/State and Zip Code	
			(ication)
For further information c		·	incustor)
MEYLIN HERNAND	EZ FUENTES	ot (239) 362-4789	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			→ ÷ 22
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Porporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations
		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TONY'S REMODELTING GROUP LLC

(Name of the Limited Limbility Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	mnany were tiled on = 0:	5/26/2021	and secian	sod
	mpany were med on	3/20/20/21	and assign	icu
Florida document number <u>L21000246518</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de-	signation "LLC" or the at	bbreviation "L.L.C	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	-		-	
	<u> </u>			
B. If amending the registered agent and/or registered o	office address on our rea	cords, enter the nam	ie of the new ro	egiste
gent and/or the new registered office address here:		\$22 		()
			<u>-</u> .	
Name of New Registered Agent:			, , , , , , , , , , , , , , , , , , ,	,
New Registered Office Address:				
INCH Registered Office Address.	Enter Florid	da street address		• ,
		T1 -2.1	\rightarrow , \dot{z}	1
	City	Florida	Zip Code	

thereby 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, 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>	Name	Address	Type of Action
MGR	MEYLIN HERNANDEZ FUENTES	214 PRINCE AVE MELBOURNE FL 32901	🖾 Add
			□ Remove
			□Change
		-	
			Remove
			□Change
			□Add
			□Remove
			Change
			DAdd OD
			Remove.
			_O Change I
			—————————————————————————————————————
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

Page 2 of 3

		••
	<u> </u>	
		_
	· · ·	
	·	
	<u>/1</u> ·	
		_
	,	_ ,
		_
	۵.	
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or i	(optional) >	s05.03
ote: If the date inserted in this block does not meet the applicable statutory fill ocument's effective date on the Department of State's records	ng requirements, this date will not be I	isted
current's effective date on the 12epartment of State's records	5 t	
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the ear	rlier
ated JULY 15TH 2021	2	
The state of the s	•	
Signature of a member or authorized representative	e of a member	

Page 3 of 3

Filing Fee: \$25.00