LZ1000272344

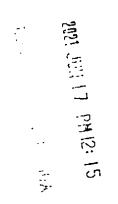
(Reques	tor's Name)
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COVER LETTER

Division	of Corpora	ations		•
SUBJECT:	MDO	Renovations	LLC	
SUBJECT.			ited Liability Company	
The enclosed Art	ticles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all	corresponder	nce concerning this matter	to the following:	
		OR lando	Montes de Oca	
	_		Name of Person	
		MDO K	Penovations LLC Firm/Company	
	-		Firm/Company	
		9723	SW 2nd Street	
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SW 2nd Street Address	<u> </u>
		Miani	FE 33/74 City/State and Zip Code	
	-			
	_	OR lan	do Mdo ///8@ 9Ma. to be used for future annual report noti	il-CoM
17 C				neation
		erning this matter, please ca		
OR las	ndo M	lontes de Oca	at (<u>786</u>) <u>357</u> – Area Code Daytim	9008
<u> </u>	Name of Per	son	Area Code Daytim	e Telephone Number
Enclosed is a che	eck for the fo	llowing amount:		
送 \$25,00 Filing		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

	ations L				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000</u> 272344	were filed on	June 11,	2021 a	nd assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	sility company he	re:			
A. If attending hance, enter the new hance of the named has		 `			1
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or	the abbrevia	tion "L.I.	"C!"
Enter new principal offices address, if applicable:			· .	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)				715 715	***
			<u>.</u>	<u>-</u>	`
			•	PH	• •
Enter new mailing address, if applicable:			·	[]	· ·
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	S	<u>.</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our re	ecords, <u>enter the</u>	e name of t	he new	register
New Registered Office Address:	Enter Flor	rida street address		_	
		, Floric	da		
	City			n Code	
New Registered Agent's Signature, if changing Registered Agent:	Ĺ				1
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of provided for in C	my duties, and 1 Chapter 605, F.S	l am famili S. Or, if thi	iar with is docui	h and ment is
	nging Registered Ag	ent, Signature of N	ew Registere	-d 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>	Address	Type of Action
MGR	Orlando Montes de Oca	9723 SW 2nd Street	🗖 Add
Change	title from President	Miani Fi 33174	□Remove
to	Hitle from President Manager = MGR		★ Change
			·
			Add ☐Remove
			Change
			□ A5 d
			□Remove
			□ Change
			□Add
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Filing Fee: \$25.00