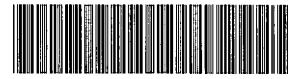
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: POSOI HE REMODELING LU 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:
ERIKA CUNTERU Name of Person
ETE FINANCIAL SERVICES LLC Firm/Company
170 BOX 2012 Address
City/State and Zip Code ERIKA. [- Canter Omail Comment of Femail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERILA CANHERO at (178 643-0714 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 (additional copy is enclosed) \$50.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Absolute Remode	eling LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L21000293110</u> .	vere filed on JUNE 24,2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
agent and the regional of the address here.	∂ 2 8
Name of New Registered Agent:	. 21 . D
New Registered Office Address:	
	Enter Florida street address , Florida Zip Edu
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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>		Address		Type of Action
MAR	Silvana Kuste	c Ecdonom	208 Red Bay	Rel	Add
	Silvam Kuste		Callaway,	FL 3240	Remove
					□Change
MGR	Rafael Guedes	s Dos Santi	DS 208 Red BC	ay Rd	DAdd
			Callaway,	KL 3240	X Remove
					□Change
					□Add
				_	□Remove
					DChange
	 			_	□Add
					□Remove
					□Change
		. .			□Add
					□Remove
					□Change
					□Add
					□Remove
					ПChange

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Note:	tive date, if other than the date of filing: Defined 1202 (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
he reco	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.
Dated	December 7. 2021
	Signature of a member or authorized appresentative of a member

Filing Fee: \$25.00