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2021 HOV 12 AM 7: 50

A. BUTLER NOV 3 0 2021

COVER LETTER

Division of Cor	rporations		
A CONTRACTOR OF THE CONTRACTOR	emodeling LLC		
SUBJECT:	Name of Lim	ited Liability Company	
200 L L A .: A		in to our	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jenny Countz		
		Name of Person	
	ZenBusiness Inc		
		Firm/Company	
	5511 Parkerest Dr., Suite 1	03	
	<u> </u>	Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Jenny Countz		844 493-6249 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$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)
Ман	INC ADDRESS.	STREET/COHRI	FR ADDRESS:

MAILING ADDRESS:

TO:

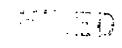
Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 NOV 12 AM 7: 50

Regan's Remodeling LLC

The Articles of Organization for this Limited Liability Company we Florida document number $\frac{1.21000310401}{1.21000310401}$.	re filed on <u>07/07/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the	
New Registered Office Address:	Enter Florida street address	
	. Florida	Zip Code
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 pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am fam wided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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	Rachel Jakowitz	7595 Baymeadows Cir W	
		Арт 1207	
		Jacksonville, FL 32256	☐ Change
			∧dd
			Remove
			□ Change
		·	□ Add
			☐ Remove
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bl	ock does not meet the applic	cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 6 irements, this date will not be b	605.0207 isted as
ocument's effective date on the D	epartment of State's records			
e record specifies a delayed The 90th day after the rec		ot an effective time,	at 12:01 a.m. on the ear	rlier o
	2021	·		
ated November 9	·			
ated November 9 Ruan Edmun	ed Repan			
ated Ryan Edmun	ed Regan Signature of a member or auth	orized representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00