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(Address)		
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Conid	lio Renovation	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Andrew (Name of Person	
		l'irn/Company	
	225 SW	Parish Terrace	<u> </u>
	Pt. St. Luc	City/State and Zip Code	34
	a Coniglio E-mail ddress: (1	م م	Co M fication)
For further information c	oncerning this matter, please ca	ıli:	
Andrew (Name o	onialio Person	at (7772) 83U Area Code Daytime	1-2160 e Telephone Number
Enclosed is a check for the	ne 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)
		0	

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

О	F	and I the house
Coniglio Renova	ctions, LLC21	AUG -9 AH 11: 55
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	<u>:ords.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000318324</u>	were filed on 1.13.6	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	.LC" 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 a agent and/or the new registered office address here:	iddress on our records, en	ter the name of the new registered

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ___

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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>Title</u>	Name	Address -9 AMII: 55	Type of Action
MGR	Andrew Coniglio	225 Sw Parish Terr. Port St. Lucie, FL 3498	CPAdd
	•	Port St. Lucie, FL 3498	34 □Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
			Change
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

). If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
	21 AUG -9 AM 11: 55
	21 100
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ble statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective timecord is filed.	
Dated Aug. 4 . 2021	_•
Andrew Cariglio	ized representative of a member
Dated Aug. 4 . 2021 Andrew Cariglia Signature of a member or authority Andrew Consiglia (Kepted or printed)	and representative of a memora
Kunrd or printed	name of signee