h21000326624

(Page	estor's Name)	
(лечи	esioi s Name)	
		
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nai	me)
	•	ŕ
(Docu	ment Number)	<u> </u>
(0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
Cartified Capies	Cortificato	n of Status
Certified Copies	Certificates	s or status
		
Special Instructions to Fil	ing Officer:	

Office Use Only



900387894849

05/18/22--81988--026 **★★**60.00

2022 HAY 18 PH 12: 4

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: \(\mathcal{E}_{t} \)	K M B SONRY A	NO MORE LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	_		
	ERION	IXORO Name of Person	
			PAU MORE PAPT 305 Sode GMAIL.COM mual report notification) A 808-7778 Daytime Telephone Number Fee & \$60.00 Filing Fee. Certificate of Status &
	E.K.M.	SONRY IND M.	ORE
		гип/сопрану	
	1484 SEX	BULL BRIVE APT	305
		Address	
	PALM HARB	OR 34685	
		•	
	E-mail address: (1	ASONRY (C) G'MAI. to be used for future annual report not	(fication)
For further information ec	oncerning this matter, please ca	all;	
		227	7470
ERION K	ORO Person	at (203) 808 - Area Code Daytin	ne Telephone Number
ranc or	Terson	7ca essee — way	, , , , , , , , , , , , , , , , , , ,
Enclosed is a check for th	e fallowing amount:		
	-	☐ \$55.00 Filing Fee &	S60 00 Filing Fee
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	• •
Mailing Addres	s:	Street Address:	
Registration S		Registration Se	
Division of C	•	Division of Co	•
P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 18 PM 12: 49

E.IK MASONRY AND M (Name of the Limited Liability Compan (A Florida Limited L	NORE LLC NY AS IT NOW ADDEATS OF IABILITY COMPANY)	SFURE L.	HASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on <u>JU</u>	LY 19-202	11 and assigned
Florida document number <u>L21000 326624</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
E.K. Renovation and Handyman Ser. The new name must be distinguishable and contain the words Limited Liability	ty Company," the design	nation "LLC" or the abb	previation "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)		YEMBLEY 9RBOR FA	WAY UNI
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	truot address	
	Emer Florida 3		
	City	, Florida	Zıp Code
New Registered Agent's Signature, if changing Registered Agent;			·

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.

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	
<u>. </u>			□Add
			□Remove
			□Change
<u>.</u>			
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			Chon-

							_
<u> </u>				······································	_		
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>						-
			<u> </u>		·		- -
		 					_
					C/S	2027	
						7 HAY	4
			· -		AHA		
					SS) (_ _
						-3: H	- (
			·		<u> </u>	<u> </u>	_
				. 	. =		_
						_	_
							_
					_		_
				<u></u>			_
	r than the date of the date of the date must be specified in this block does a	ic and cannot be prior not meet the applic	to date of filing or mo able statutory filing	re than 90 davs after f	iling.) Purs	uant to 60 not be lis	05.026 sted a
n effective date is listed te: If the date insert	ite on the Department	tor state 3 records	•				
te: If the date is listed te: If the date insert cument's effective da ecord specifies a dela	ite on the Department yed effective date, but			n the earlier of: (b)	The 90t	h day aft	er th
teritive date is listed to the content of the date insert cument's effective detective detection of the cord specifies a delatis filed.	tte on the Department yed effective date, bu	it not an effective ti	ime, at 12:01 a.m. oi	n the earlier of: (b)	The 90th	h day aft	er th
n effective date is listed ste: If the date insert cument's effective da	yed effective date, bu	nt not an effective to	ime, at 12:01 a.m. oi		The 90t	h day aft	er th