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To:

Division of Corporations

To: 18506176383

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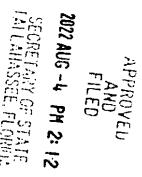
Account Name : FAEHNER PLLC Account Number : 120170000081 Phone : (727)306-0202 Fax Number : (727)474-9949

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAR MORE REMODEL LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	legistration Se Division of Cor			k.	
cun irc		emodel LLC			
SUBJECT	J;	Name of Limi	ted Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please reti	arn all correspo	ndence concerning this matter t	to the following:		
		Michael J. Faehner			
	Michael J. Faehner Name of Person Faehner PLLC Firm/Company 301 Woodlands Pkwy. Suite 10 Address Oldsinar, FL 34677 City/State and Zip Code filings@faehner.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:				
		Michael J. Faehner Name of Person Faehner PLLC Firm/Company 301 Woodlands Pkwy. Suite 10 Address Oldsmar, FL 34677 City/State and Zip Code filings@faehner.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call:			
			Firm/Company		
		301 Woodlands Pkwy. Suit	e 10	pany Zip Code re annual report notification)	
	Michael J. Fachner Name of Person Fachner PLLC Firm/Company 301 Woodlands Pkwy. Suite 10 Address Oldsmar, FL 34677 City/State and Zip Code filings@fachner.com E-mail address: (to be used for future annual report notification)				
		Oldsmar, FL 34677			
	Name of Person Fachner PLLC Firm/Company 301 Woodlands Pkwy. Suite 10 Address Oldsmar, FL 34677 City/State and Zip Code filings@fachner.com				
			to be used for future annual rer	oort notification)	
For furthe	r information c	-	·	•	
Michael J	. Fachner		at ()		
	Name o	f Person	Area Code	Daytime Telephor	ne Number
Enclosed	is a check for t	he following amount:			
≌ \$ 25.0	O Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Far More Remodel LLC		
(Name of the Limited Liability Company of (A Florida Limited Liab	is it now appears on our records.)	
(A FIORICA LIMITED LIAD	ініу Сотралу)	
The Articles of Organization for this Limited Liability Company we	re filed on October 6, 2021	_ and assigned
Florida document number L21000438193		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
Far More Construction LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "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)		
-		
man and a second second		Caka wani magistawa
B. If amending the registered agent and/or registered office add	iress on our records, enter the name of	i the new registered
agent and/or the new registered office address here:	2-5	g 20
		. 2
Name of New Registered Agent:		
		T P
New Registered Office Address:		F EAS
	Enter Florida street address 2	P
	. Florida	2
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		8
TI to the second decrease interest and accordance and accordance	to not in this capacity. I further cores	i to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity, I juriner agree	iliar with and
accept the obligations of my position as registered agent as pro	wided for in Chanter 605 F.S. Or. if	this document is
being filed to merely reflect a change in the registered office an	dress. I hereby confirm that the limit	ed liability
company has been notified in writing of this change.	552, 1 657 551g 11,6 11,111	· · · · · · · · · · · · · · · · · · ·
sample of the second se		

If Changing Registered Agent, Signature of New Registered Agent

8/4/2022 11:54:15 EDT

To: 18506176383

Page: 5/6

From: Faehner PLLC

Fax: 7274749

_____ Change

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 = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
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		·	□Add
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			□Add
			□Change
			□Remove

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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will to document's effective date on the Department of State's records.	suant to 605.0207 not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t rd is filed.	th day after the
Dated August 4	
Mola Stand	

Typed or printed name of signee