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(	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
	(Duran Fatiba Nama)	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
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Special Instructions to	rinng Officer.	

Office Use Only



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## **COVER LETTER**

TO: Registration Section

Div	rision of Cor	porațions	~	
CHD IVCT.	GC PRIME	REMODELING LLC	£) ;	
SUBJECT:	-	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		JORBI GONZALEZ		
			Name of Person	
		GC PRIME REMODELIN	G LLC	
			Firm/Company	- (C) (S)
		1706 PALM ROAD		753 U
			Address	
		ORMOND BEACH, FL 3:	2174	Ti-
		IONDICONTAL PROCESS	City/State and Zip Code	
		JORBIGONZALEZ@GMA	TL.COM to be used for future annual report notification	<u>-1</u>
For further i	nformation c	oncerning this matter, please c		,
JORBI GON	NZALEZ		386 847-7725	
	Name o	f Person	at () Area Code Daytime Telep	phone Number
Enclosed is a	a check for th	ne following amount:		
<b>■</b> \$25.00 I		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fce & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section	
Di	vision of C	orporations	Division of Corporat	
	D. Box 632 llahassee, I		The Centre of Tallah 2415 N. Monroe Stre	
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Tallahassee, FL 32303

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

The Articles of Organization for this Limited Liability Company were filed on 10/11/2021  Florida document number L21000443728  This amendment is submitted to amend the following:	and assigned
This amendment is submitted to amend the following:	
<u> </u>	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. rsa
Principal office address MUST BE A STREET ADDRESS)	100
	<u> </u>
	· 💍
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9
	17

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOAN GONZALEZ	1706 PALM ROAD, ORMOND BEACH FL 32174	<b>=</b> Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
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fective date, if other than n effective date is listed, the date ote: If the date inserted in the cument's effective date on the	must be specific and one most mot mot mot mot mot mot mot mot mot mo	cannot be prior to da cet the applicable	ite of filing or more t statutory filing red	(option: nan 90 days after fili quirements, this da	ing.) Pursuar	nt to 605.02 be listed
ecord specifies a delayed eff is filed.	ective date, but not a	an effective time,	at 12:01 a.m. on th	nc carlier of: (b)	The 90th d	lay after th
JULY 17	,	2023				
ted	,	Month				

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Filing Fee: \$25.00