121000473076

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration S Division of Co			
RERE RE SUBJECT:	MODELING LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	TURSOM RIM		
		Name of Person	
		· Firm/Company	
	2501 LINCOLN ST. # 208		
	HOLLYWOOD, FL 33020	Address	
		City/State and Zip Code	·
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
TURSOM RIM		954 584-2088 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Addre Registration		Street Address: Registration So	ection

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

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**

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SECRETARY OF STATE TALLAHASSEE, FL

RERE REMODELING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp. Florida document number L21000473076	any were filed on 11/0	1/2021 and assigned
rionda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	-	<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 office	ce address on our rec	ords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
Van Dagistand Land's Cinner of the Control of the C		, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a	igree to act in this ca	pacity. 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 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>	Address	Type of Action
MGR	ALA JIBRIN	2501 LINCOLN ST # 208	🗆 Add
		HOŁLYWOOD, FL 33020	
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Effective date, if other than the date must be a lift an effective date is listed, the date must be a lift and effective date inserted in this block document's effective date on the Dep	e specific and cannot be prior to date of filing or n k does not meet the applicable statutory filir	(optional) nore than 90 days after filing.) Pursuant to 60 ag requirements, this date will not be list	05.0207 (3 sted as th
e record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day aff	ter the
Dated			
	Tursum Liuv gnature of a member or authorized representative		
Si	gnature of a member or authorized representative	e of a member	
	Tilrsom Rim		
	Tursom Rim Typed or printed name of signee		

Filing Fee: \$25.00