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1		Registration Se Division of Cor		,	,		
			REMODELING SVCS LLC	·	,		
S	UBJEC	1:	Name of Lim	ited Liability Company			
7	The encto	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
þ	lease ret	urn all correspo	ondence concerning this matter	to the following:			
			MIGUEL A ARIZA ZAPA	VTA			
				Name of Person			
			SHAJOM REMODELING SVCS LLC				
				Firm/Company			
			7400 HOGAN RD APT#	419			
				Address			
			JACKSONVILLE FL 322	16			
				City/State and Zip Code			
			111tax333@gmail.com				
				to be used for future annual report no	otification		
ŀ,	or furthe	r information o	oncerning this matter, please c	all:			
Ŋ	AIGUEL	. A ARIZA ZAI	PATA	210 900-6394 ar ()			
		Name o	f Person	at () Area Code — Dayti	me Telephone Number		
E	inclosed	is a check for th	ne following amount:				
	■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed		
	_	Mailing Addres		Street Address:	Systian		
		Registration S Division of C		Registration Section Division of Corporations			
		O. Box 632		The Centre of	•		
	1	Faffahassee, F	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ELED

SHAJOM REMODELING LLC

2022 APR 13 AM 10: 35

(<u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now app nited Liability Compan	TALLAHASSEE, FL	
The Articles of Organization for this Limited Liability Comp	pany were filed on	01-26-2022 and assigned	
Florida document number 1.22000047137	· ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	here:	
CONSTRUTION & REMODELING SHAJOM LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7400 HOGA	7400 HOGAN RD	
	S) APT #419	APT # 419	
		ILLE FL 32216	
Enter new mailing address, if applicable:	7400 HOGA	N RD	
(Mailing address MAY BE A POST OFFICE BON)	APT # 419	APT # 419	
	JACKSONV	JACKSONVILLE FL 32216	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:		r records, <u>enter the name of the new register</u>	
Name of New Registered Agent: MIGUEL :	A ARIZA ZAPATA		
New Registered Office Address: 7400 HOG			
	Enter F	Florida street address	
JACKSON	<u></u> .	Florida ³²²¹⁶	
	City:	Zip 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MIGUEL A ARIZA ZAPATA	7400 HOGAN RD APT # 419 JACKSONVILLE F	L 31
			🗆 Remove
			\[\] \[\] Add
			□Remove
			□Change
			□ Add
			□Remove
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			□ Change

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after the

Lyped or printed name of signee