122000061465

(Requestor's Name)
(Address)
(Address)
(City(State City(Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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A. LUNT
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Office Use Only



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COVER LETTER

TO:

Registration Section

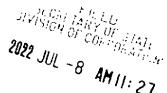
Tallahassee, FL 32314

Division o	f Corporations	, w	
Redo	: Kitchen & Bath Renovations LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are sul	omitted for filing.	
Please return all con	rrespondence concerning this matter	to the following:	
	Michael Dempsey		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	336 E College Ave, Ste 3	01	
		Address	
	Tallahassee, Fl. 32301		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	fulfillment@zenbusiness.c		
		(to be used for future annual report noti-	fication)
For further informa	ation concerning this matter, please	call:	
Alichael Dempsey c/o ZenBusiness Inc. 844 493-6249 at () Name of Person Area Code Daytime Telephone Number			
N	Name of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing l	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 A	Address: ation Section	<u>Street Address:</u> Registration Se	ction
	of Corporations	Division of Cor	
P.O. Bo		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Redo Kitchen & Bath Renovations 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 Company were filed on _ 02/04/2022 and assigned Florida document number 1.22000061465 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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 Florida street address . Florida

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.

City

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>	<u>Address</u>	Type of Action
AMBR	John Carlos Caro	440 Spring Lane	■Add
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Effective date, if other than th	e date of filing:	(optional)
Note: If the date inserted in this	ust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 605,02 ing requirements, this date will not be listed
document's effective date on the	Department of State's records.	
e record specifies a delayed effect rd is filed.	ve date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
Dated	, 2022	
/s/ kevin rodrigu	Signature of a member or authorized representative	

Filing Fee: \$25.00