L22000098082

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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2022 JUL 26 PM 12: 04 202

Chap. 12

COVER LETTER

TO: Registration Sec Division of Corp			
SURJECT: Q R	emodelling LI	L C.	
300000 <u>00 13</u>	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for tiling.	
Please return all correspon	ndence concerning this matter t	o the following:	
	James G	Name of Person	
		Name of Person	
		Firm/Company	
	11160 NW 23	1th Street Address	
		·	
	Suneise	Florida 3332 City/State and Zip Code e @ g mall. Com o be used for future annual report notifi	2
		City/State and Zip Code	
	<u>chachev</u>	e @ gmail. (OM	ionton)
			canon
For further information of	oncerning this matter, please cu	11:	
OAVIES G.	CRESPO CRUZ	at (054) 678 - Area Code Daytime	7454 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & 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**

Q Romodellina LLC.		2022 JUL 26	PH 12: 17
Remodeling LLC (Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) bility Company)	12.2	7.TE
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 22 0000 980 87</u> .	ere filed on February 24	1, 2072 and assign	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability (C) Remodeling The new name must be distinguishable and contain the words Limited Liability		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: (Mailing address MAY BE A POST OFFICE BOX)	11160 NW 27th Sunrise Flori		2
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter th</u>	ne name of the new r	egistered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		ida	<u>_</u>
	City	7in 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
		 	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Ham	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
the reco	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	July 26 m 2022
	Signature of a member or authorized representative of a member
	Dames G. Cruspo Cruz
	Typed or printed name of signee

Filing Fee: \$25.00