## L22000106945

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	N & M REMOD	ELING AND SOLUTIONS LLC	;
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling	
	ondence concerning this matter	_	
Trouble retain an outrospe	matter voicetting this matter	to the following.	
	MA	ARIA A GUEDEZ BENCOMO	
		Name of Person	
	Hu	i Gueday	
	7207 CR	OSSROADS GARDEN DR AP	Γ 1217
		Address	
		ORLANDO, FL 32821	
	***************************************	City/State and Zip Code	
		aguedezbencomo@gmail.com to be used for future annual report n	raif and an
Var further information a	oncerning this matter, please c	•	odnezdon)
	-		
MARIA A GUEDEZ BE	ENCOMO 	32821 (239) 494- at ()	
Name o	f Person	Area Code Dayt	ime 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	·
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L22000106945  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 abbrevia	
Florida document number  L22000106945  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 abbrevia	
	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	
	ation "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)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of tagent and/or the new registered office address here</u> :	the new regis
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	

## 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	NICOLAS UMANA BARRAGAN	7207 CROSSROADS GARDEN DR APT 1217 OF	RLA □Add
			=Remove
			□Change
	<del></del>		□Add
			□Remove
		<del></del>	Change
			; □ Add ;
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	770-		□Add
			□Remove
			□Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
If the reco	rd specifies a delayed effective date, but πot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.

Signature of a member of authorized representative of a member

Maria Quedez Bencomo

Typed or printed name of signee

Filing Fee: \$25.00