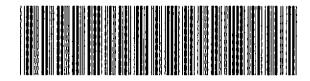
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: SUBJECT: Name of Limited Liab	B Remodeling LLC ility Company
The enclosed Articles of Amendment and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the fo	Howing:
50rge 8	S. Garcia Gonzales
Bejavu Pain	ame of Person Liny 3 Remodeliny irm/Company
25038 Aint	NA RP.
Ponta Go	rda fl- 33950
	tate and Zip Code Hor future annual report notification)
For further information concerning this matter, please call:	o 1
Jorge S. Garcia Gonzaly Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee & S60.00 Filing Fee, Sertified Copy Additional copy is enclosed) Certified Copy Sertified Cop

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

(Name of the Limited Liability Company as it now appears on our records.) AHAS ALL WAR (A Florida Limited Liability Company)
(Name of the Limited Liability Company as it now appears on our records.) AHASSA
The Articles of Organization for this Limited Liability Company were filed on March 67, 2022 and assigned Florida document number 12200114432.
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 "L.L.C." 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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar waccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dobeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person ... or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
OWner .	Michelle M. Garcia	2615 Charlene St. Punta Gorda F1-33	🗆 Add
		Punta Gorda F1.33	750 Exemove
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(If an effe <u>Note:</u> 1	ve date, if other than the date of filing:
f the record ecord is file	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
Dated_	AUGUST 25, 2023
	Signature of a member or authofized representative of a member
	TOPLE & GARGA CONSULATION Typed or printed name of signee

Filing Fee: \$25.00