Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220004104013)))



H220004104013ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

remitteer formation many recommendation. In this case, specific and security and security are accounted to account a security of the security To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-0509 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MENPRO REMODELING LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

C. BRUMBLEY

UEU - 7 2022

Electronic Filing Menu Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

Division of C	orporations						
MENPRO	O REMODELING LLC						
Name of Limited Liability Company							
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.						
Please return all corresp	pondence concerning this matter to the following:						
	ED KOTLER						
	Name of Person						
	TAX ZONE INC						
	Firm/Company						
	8865 COMMODITY CIR STE 4						
	Address						
	ORLANDO, FL 32819						
	City/State and Zip Code						
	ACCOUNTANT@TAXZONEFL.COM						
	E-mail address: (to be used for future annual report netification)						
For further information	concerning this matter, please call:						
ED KOTLER	407 888-3131						
Name	at () of Person Area Code Daytime Telephone Number						
Enclosed is a check for	the following amount:						
S25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, PL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENPRO REMODELING LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Linated I	ny as it now appears on our records.	715
Figure and A	славинту Сотрану)	7E 38
The Articles of Organization for this Limited Liability Company	were filed on 03/14/2022	and assigned
Florida document number 1.22000128103		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
	mer a menuncular or procession has the telescopping of the hyperty play an expert of the section	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1 th	
pruning appress STAT DE A POST OF CICE BOA)		
	Administration of Communication of the April 18	
B. If amending the registered agent and/or registered office a	iddress on our records, enter th	or name of the new registers
ngent and/or the new registered office address here:		to the transfer of the transfe
Name of New Registered Agent:		
11 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
New Registered Office Address:	Enter Florida sweet address	
o for the Buddenick Effective and Hillian	Cir: Flor	ida

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 amending Authorized Person(s) authorized to manage, <u>outer the title, name, and address of each person-being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

٥

Title	Name	Address	Type of Action
AMBR	EVELIN GARCIA FERNANDEZ	6203 CORPORATE CENTER BLVD 403	🖻 Add
		ORLANDO, FL 32822	□Remove
			□Change
و المستحدية و المستحدية و المستحدية الم			🗀 Add
			□Remove
			□Change
	and the extension for the second seco	□Add	
			ШКелюче
		CiChange	
		□Add	
		□ Remove	
			OAdd
			TRemove
			□Change
			LAdd
			ПRетюve
			Change

سنند	
 -	
p. /	
·	
(If an effect Note: If	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t t's effective date on the Department of State's records.
he record s ord is filed	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	120 Dec 6 2022
	Signature of a member of authorized representative of a member
	Sose Vencios Typed or printed name of signee

Filing Fee: \$25.00