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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I28190800044 Phone : (407)888-3131 Fax Number : (888)453-0509

> **Enter the email address for this business entity to be used for future annual report muilings. Enter only one email address please.**

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

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AUG 0 1 2023

Tallahassec, FL 32314

Ta:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO: Registration So Division of Con			
	REMODELING LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ED KOTLER		
		Name of Person	
	TAXZONE INC		
		Firm/Company	
	8865 COMMODITY CIR	STE 4	
	* · · · · · · · · · · · · · · · · · · ·	Address	
	ORLANDO, FL 32819		
	ACCOUNTANT@TAXZC	City/State and Zip Code ONEFL.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please o	alt:	
ED KOTLER		407 E88-3131	
Name o	of Person	at ()	nie Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

18884530509

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENPRO REMODELING 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 03/14/2022 and assigned Florida document number 122000128103
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: (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 registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Florida Zip Gale
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.

Ta:

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
AMBR	EVELIN GARCIA FERNANDEZ	6203 CORPORATE CENTER BLVD 403	🗀 Add
		ORLANDO, FL 32822	■Remove
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			Change
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lî an effe <u>Note:</u> I	ce date, if other than the date of filing:
record rd 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 d.
Dated _	July 29 2023.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Soso Monation Typed or printed name of signee

Filing Fee: \$25.00