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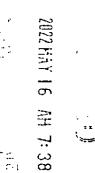
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Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

TO;

TO: Registration Section Division of Corpora			
subject: <u>Pvo</u> F		n 3 Remodel U ted Liability Company	<u> C </u>
The enclosed Articles of Amo	endment and fee(s) are sub-	nitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
-	Heather	WeS+ Name of Person	
-	Pro Finish	Trim 3 Remoc	lel LIC
-	2312 8W 13	tha unit 305	<u> </u>
-	Cape Coral	+F1 33991 City/State and Zip Code	
_	NPOTHERUNS E-mail address: (t	POOOL. COM o be used for future annual report notifi	ication)
For further information conce	erning this matter, please ca	И:	
Heather W	NON	at (239) 440 - Area Code Daytime	Telephone Number
Enclosed is a check for the fo	Howing amount:		
□ \$25.00 Filing Fee ∑	\$ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sect		Registration Sec	
Division of Corp P.O. Box 6327	orations	Division of Corp The Centre of T	
Tallahassee, FL 1	32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAY 16 AH 7: 38

<u>^</u>		LOLL LINE TO RELET
Pro Finish Trim (Name of the Limited Liability Com	3 Remodel pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar Florida document number $\underline{L2200158459}$.	by were filed on $4 - 1$	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name most be distinguishable and contain the words "Limited Lia	bility Company," the designation	n "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 agent and/or the new registered office address here:	e address on our records,	enter the name of the new registered
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 Agen	<u>t:</u>	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Heather West	2312 SWITTHPI Unit 305	Š Add
		Cape coral, F1.3399/	□Remove
		-	□Change
AMBR	Ryan Jastnow	213 NE23rd PI	X [Add
		Cape Coral, Fl. 33909	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Remove
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. Effectiv	te date, if other than the date of filing:
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on the Department of State's records.
tha raward	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
cord is file	
Dated_	May 1017. 2022
	1/20AL 1.101
	Signature of a member or authorized representative of a member
	May 10 th 2022 Heather West Typed or printed name of signee
	1.600.11

Filing Fee: \$25.00