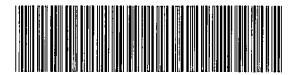
L22000166962

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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COVER LETTER

Division of Cor					
JLM KITC SUBJECT:	HEN REMODELING LLC				
SUBJECT.	Name of Lin	nited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retdirn all correspo	ondence concerning this matter	to the following:			
) JOSE MARTINEZ					
	JLM Kit	then Demodel	ing LLC.		
~ /	11367 NW 7TH ST				
م مسو		Address			
	MIAMI, FL 33172				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report not	ification)		
for further information c	oncerning this matter, please c	all:			
JOSE MARTINEZ		786 419-0410			
Name of Person					
Enclosed is a check for the	ne following 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 tadditional copy is enclosed		
Mailing Addres		Street Address:			
Registration 9 Division of C	,	-	Registration Section Division of Corporations		
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, l	_		e Street, Suite 810		
		Tallahacene El	32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEM KITCHEN 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 04/07/2022 and assigned Florida document number L22000166962

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.C." or the abbreviation "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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

JOSE MARTINEZ

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MGR	JOSE MARTINEZ	11367 NW 7 ST UNIT 102	■Add
		MIAMI, FL 33172	□Remove
			□Change
MGR	LAZARA Y COLLAZO NIETO	11367 NW 7 ST UNIT 102	
		MIAMI, FL 33172	■Remove
			🗆 Change
			□Add
			□Remove ¬
			□Change
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ocument's effecti	ive date on the Departme	nt of State's record	ls.	,		
record specifies a	a delayed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of; (b) The 90th da	y after the
is filed.						
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/	Sidnatur	is at a member or and	horized representative	of a member	·	
<u> </u>	Signatur	rour a member or aut	horized representative	of a member Al UA10		

Filing Fee: \$25.00