LZ2000174298

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U5/15/22--U1014--U15 **25.03



COVER LETTER

	Registration Sc Division of Cor			·
0110 H26Y		O REMODELING LLC		
SUBJEC	I:	Name of Limi	ted Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	um all correspo	ndence concerning this matter	to the following:	
		RAMIREZ, JUAN P		
			Name of Person	
			Firm/Company	
		719 SOUTH BEACH ST U		
			Address	
		DAYTONA, FL 32114		
			City/State and Zip Code	
		Juancho2030126@gmail.co		
For further	er information c	E-mail address: (oncerning this matter, please co	to be used for future annual repor	t notification)
	Z, JUAN P		404 914-796	61
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed	is a check for tl	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration (Street Addre Registration	
	Division of C		Division of	Corporations
į	P.O. Box 632	27		of Tallahassee
•	Tallahassee,	FL 32314	2415 N. Mo	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2027 MAY 16 AM 8: 48

GARIBELLO REMODELING LLC		CECSE SERVING STORY
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	v as it now appears on our records.)	SECRETARY OF STATE TALLAHASSEE, FL
(A Fiorida Emitted Ele	tomy Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 04/12/2022	and assigned
Florida document number L22000174298		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	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)	· ·	
l		
B. If amending the registered agent and/or registered office ad	ldress on our records, enter th	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
N. B. C. LOW ALL		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
New Registered Agent's Signature, if changing Registered Agent:	·	-7
		, , , ,
I hereby accept the appointment as registered agent and agree	to act in this capacity. I furth	ier 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, 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
AMBR	Melissa Tejeda Solano	4340 HOPKINS RUN DRIVE	■ Add
		DULUTH, GA 30093	□Remove
			□ Change
			
			□Remove
			□ Change
			□Add
			□ Remove
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						المار دسم	8. 48 1 8. 48
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ffective date, if other than than than the ffective date is listed, the date is followed. If the date inserted in this focument's effective date on the	must be specific and block does not	meet the appli	icable statuto		(option 90 days after fil ements, this d	ling.) Pursuan	to 605.0207 be fisted as
record specifies a delayed effect d is filed.	ctive date, but no	t an effective	time, at 12:0	I a.m. on the e	arlier of: (b)	The 90th d	ty after the
Dated May 5		2022	·				
	Signature of a	member or aut	thorized repres	entative of a me	nber		

Filing Fee: \$25.00