L22000176323

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DIVISION OF CORPORATION

T. MATTHEWS

JUL 21 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Lore Renovations and Tile Repair</u> Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Imelio A. Burgess Name of Person
Core Renovation and Tile Repair
777 S Flagler Drive. Suite 800 West Tower
West Palm Beach, FL 33401 City/State and Zip Code
E-mail address: (to b) used for futurgannual report notification)
For further information concerning this matter, please call:
Emelio Bungess at 561 475-7777 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION SECRETARY OF STATE DIVISION OF CORPORATIONS **OF**

22 MAY 20 AM 8: 56

<u>Core</u> <u>Renovati</u> (Name of the Limited Liab (A Flor	ons and life Repair oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $4/12/2022$ and assigned
Florida document number <u>L22000176323</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new register</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cuy Zip Code

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, enter the title, name, and address of each person being ad or removed from our records:

MGR= Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Emelio Burgess	777 5 Flagler Dr. Suite 800 Vest Tower WPB FL 33401	(IZAdd
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