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9/12/2022

COVER LETTER

Division of Corporations •
SUBJECT: Lianet & Janet REMODELATION LLC 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:
Manuel Munoz Canciano Name of Person
Name of Person
Firm/Company
Firm/Company
Z307 W BURKE ST Address
Address
City/State and Zip Code
City/State and Zip Code
I a netjanet remodelation II ce 6 mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

TO:

Registration Section

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 ARTICLES OF ORGANIZATION

2022 JUL 21 PH 12: 29 Land & Jant Remodelation LLC

(A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	Lat. 71
The Articles of Organization for this Limited Liab lorida document numberL22000195306	pility Company were filed on	04/25/2022	and assigned
his amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company h	<u>ere</u> :	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the o	lesignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u></u>		
3. If amending the registered agent and/or registered office address	,	ecords, <u>enter the 1</u>	name of the new registe
Name of New Pagistered Agent-			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Flo	rida street address	
	Enter Flo	rida street address , Florida	Zip Code

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, 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	JUAN MANUEL	6919 Blossom AUR TAMPA FL 33614	[% Add
	PIUNOZ POSCOCIC	Y ##(F) + 0 > > 0)	□Remove
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E ff ooti	and date. If athem then the date of Climan
lf an eff <u>Note:</u>	ve date, if other than the date of filing:
	I 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
rd is fil	ed.
Dated _.	June 13 2022
	June 13 2022.
	Signature of a member or authorized representative of a member
	Manuel Munoz Canciano Typed or printed name of signce
	MANUEL MUNOZ CANCIANO

Filing Fee: \$25.00