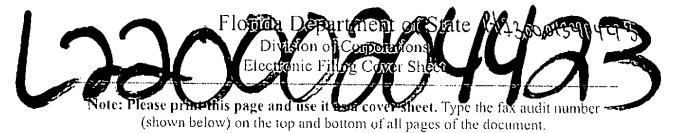
4/10/23, 4:26 PM

Division of Corporations



(((H23000134144 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COUCELO ASSOCIATES, INC.

Account Number : I20120000069 Phone : (561)683-3000 Fax Number : (561)965-0938

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* -

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IG REMOLDING LLC

Certificate of Status	0
Certified Copy	0
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APR 13 2023

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Registration Section

TO:

## COVER LETTER 1743000 1391443

Division of Co	orporations		
SUBJECT: IG REMO	DLDING LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ARNALDO J COUCELO		
		Name of Person	
	COUCELO ASSOCIATE	S. INC	
		Firm/Company	
	1818 S AUSTRALIAN A	VE SUITE 230	
		Address	
	WEST PALM BEACH, F	L 33409	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	LEGACYTAXCORPS@G		
		to be used for future annual report notif	ication)
For further information (	concerning this matter, please e	all:	
ARNALDO J COUCEL	.0	561 683-3000	
Name o	of Person	at ()  Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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 OF

14230001341443

IG REMOLDING LLC		
( <u>Name of the Limited Lia</u> (A l·lo	bility Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L22000204423		and assigned
Florida document number 222222	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the I	imited liability company here:	
IG REMODELING LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or th	c abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.                                    </u>
		2023
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ame of the new registered
		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida speet 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.

H Changing Registered Agent, Signature of New Registered Agent

04/11/2023 11:34

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April 11, 2023 1134 To:IG REMOLDING ILC Fax:1850617638 P: 5/6

\_\_\_\_\_\_ □Remove

\_\_\_\_\_ □Change

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 = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
	- I take report of a		□Add
			□Remove
			(Change
		1	DAdd
			©Remove
			□Change
			C/Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
	4400		DAdd
			□Remove
			□Change
			🗆 Add

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	ation, enter change(s) here: (Attach additional sheets,	y necessary.)
- <u></u>		
<del>-</del>		
	-	
	The state of the s	
Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 day ook does not meet the applicable statutory filing requirement	(optional) s after filing.) Pursuant to 605,0207 ( ts, this date will not be listed as t
ne record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated APRIL 10	, 2023	1
	11/20/1. /. //	
	Signature of a member or authorized representative of a member	
	IVAN GONZALEZ JR	
	Typed or printed name of signee	-,

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Filing Fee: \$25.00