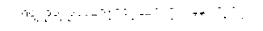
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FILED 2022 AUG 23 AM 8: 44 SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: <u>Exc</u>	Wsive Homes Name of Lim	. Remodeling Lited Liability Company	<u>Lc</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Truana Name of Person		
	Exclusive Ho	mes <u>lenodelin</u>	g Llc	
		Hope RO Address		
	Orlando, Fl	32824 City/State and Zip Code		
		City/State and Zip Code  10 See 1 Se	0	
For further information c	E-mail address: ( oncerning this matter, please ex-		lozz Al Pozz Al	- F
			LAHR	SEE
Name o	f Person	at ( <u>407</u> ) <u>279 - 8</u> Area Code Daytime	SECRETARY OF STATE TALLAHAS SEE, FL e Telephone Number	
Enclosed is a check for the	ne following amount:		FATE THE	
<b>¥</b> \$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 (additional copy is enclosed)	
Mailing Address Registration 5		<u>Street Address:</u> Registration Sec	ction	
Division of C		Division of Cor		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exclusive Homes Remodeling LLC

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our record Liability Company)	<u>(x.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on 05/12/20	and assigned
Florida document number <u>L22 000 22 32 10</u>	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N A	POZZ AUG 23 AH SECRETARY OF TALLIAHAS SEE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:	n A	
New Registered Office Address:	Enter Florida street addres.	
	City . F10	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>1:</u>	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Hernon Salazar	6053 New Hope RD	□Add
		Orlando, Fl 32824	K∏Remove
			□Change
			□Add
			□Remove
			S Thange
			RETAIN LLEAN
			Remove  SECRETARY OF STATE  AND
			FAT Change
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			Remove
			□Change

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Filing Fee: \$25.00