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Registration Section Division of Corporations

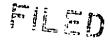
Tallahassee, FL 32314

	VALENCIA'S HON	HE REMODELING, LLC				
SUBJECT:	Name of Limit	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspo	ondence concerning this matter t	o the following:				
	JO	ORGE A. VALENCIA				
(additional copy is enclosed) Certified Copy						
		299 SW 1ST ST APT 2				
		Address				
	D					
		•	rt notification)			
For further information of						
JORGE A.	VALENCIA		30-4252			
Name (of Person	Area Code D	Daytime Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status &			
<u>Mailing Addre</u> Registration		Street Addra Registratio				
Division of 0	Corporations	Division of Corporations				
P.O. Box 63	27	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 27 AM 8: 30 VALENCIAS'S HOME REINVIDEATION. CO.

(Name of the Limited Liability Company as it now appears on our records.) S.F.

(A Florida Limited Liability Company)

TALLAHASSLE.F. VALENCIAS'S HOME REMODELING, LLC 06/02/2022 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number ___ L22000253572 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VALENCIA'S HOME REMODELING, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin 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 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>	<u>Address</u>	Type of Action
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ated	JUNE, 22		2022				
		The state of the s	e Wali	ener			
		Signature of a meny	per or authorized r	epresentative of a mer	nber		
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