

8/9/22, 4:33 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
L2200026943230929

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(((H22000269432 3)))



H220002694323ABC/

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC.
 Account Number : I20190000044
 Phone : (407)888-3131
 Fax Number : (888)453-0509

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

Email Address: accountant@taxzoneFL.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LM UNLIMITED REMODELING LLC

Certificate of Status	0
Certified Copy	0
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2022 AUG -9 PM 4:52

FILED
 2022 AUG -9 PM 5:06
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
 Help
 AUG 10 2022

COVER LETTER

4220002694323

TO: Registration Section
Division of Corporations

SUBJECT: LM UNLIMITED REMODELING 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:

QUINTERO ROJAS, LEIDY J

Name of Person

LM UNLIMITED REMODELING LLC

Firm/Company

5016 MILLENIA PALMS DR 3104

Address

ORLANDO, FL 32839

City/State and Zip Code

accountant@taxzonefl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

QUINTERO ROJAS, LEIDY J

at (407) 888-3131

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 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

H220002694323

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LM UNLIMITED REMODELING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/26/2022 and assigned
Florida document number L22000330929.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

LEIDY J QUINTERO

New Registered Office Address:

5016 MILLENIA PALMS DR 3104

Enter Florida street address

ORLANDO

City

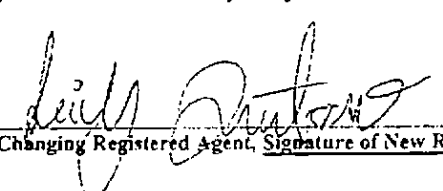
Florida

32839

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 Changing Registered Agent, Signature of New Registered Agent

#220002694323

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>	<u>Type of Action</u>
AMBR	QUINTERO ROJAS, LEIDY J	5016 MILLENIA PALMS DR 3104	<input type="checkbox"/> Add
		ORLANDO FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEIDY J QUINTERO	5016 MILLENIA PALMS DR 3104	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 09, 2022

Lily Quinter
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00