3/10/23, 7:04 PM

Division of Corporations

## Florida Department of State Divinion of Corporations Divinion of Corporations Divinion of Corporations Divinion of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

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

Email Address:

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

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P.O. Box 6327

Tallahassee, FL 32314

TO:

## **COVER LETTER**

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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LM UNLIMITED REMODELING LLC	C			
(Name of the Limited I	.iahility Compa Florida Limited l	iny as it now appears on our i Liability Company)	records.)	
The Articles of Organization for this Limited Liabi	lity Company	were filed on <u>07/26/2022</u>		and assigned
Fiorida document number L22000330929				
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company here:		
The new name must be distinguishable and contain the words	"Limited Liabi	fity Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable	e:	1605 Prairie Lake Blvd		
(Principal office address MUST BE A STREET ADDRESS		Ococe, FL 34761		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1605 Prairie Lake Blvd		
		Ocoee, FL 34761	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office : ere:	address on our records,	enter the name of	the new registered
Name of New Registered Agent:	LEIDY I QUIN	NTERO		- t-
<u></u>	1605 Prairie La			.,
	-	Enter Florida street	_	- Ω - Ω - Ω
<u>.</u>	OCOEE		_, Florida <sup>34761</sup>	<u> </u>
		City		Zip Code +-
New Registered Agent's Signature, if changing Reg	istered Agent:	1	••	<del>-</del>

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

MGR = Manager AMBR = Authorized Member

or removed from our records:

To:

<u>Title</u>	Name	Address	Type of Action
MGR LEIDY J QUINTERO	1605 Prairie Lake Blvd		
		OCOEE, FL 34761	
			■Change
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D.

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). If amending any other inform	iation, enter change(s) here:	(Attach additional sheet	s, if necessary.)	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not much the applicat	o date of filing or more than 90 ble statutory filing requiren	(optional) days after filing.) Pursuant to 60s aents, this date will not be list	5.0207 (3 ted as th
he record specifies a delayed effect ord is filed.	ive date, but not an effective tim	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day afte	er the
Dated MARCH 10	2023			
(e)	du, Quinte	- パン		
<u> </u>	Signature of a member or author	ized representative of a memb	per	
LEIDY QUINTERO				
	Typed or printed	d name of signee		