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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	j
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	*)
(Do	cument Number)	
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SECRETARY DESTATE

COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT		ODELING LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The angles	ad Articles of A	Amendment and fee(s) are subi	mitted for filips	
		ndence concerning this matter	-	
	•	C	J	
		MONTERO, HENRY		
			Name of Person	-
		1 Hown	manter 6:	
		-B/-	Firm/Company	
		1009 HONDO AVE APT A		
			Address	
		FORT WALTON BEACH	FL 32547	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report no	iffication)
For further	information co	oncerning this matter, please ca	dl:	
MONTER	RO, HENRY		405 412-7518	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	s a check for the	e following amount:		
\$25.00) Filing Fec	S30.00 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)
	lailing Address		Street Address:	
	egistration Solvision of Co		Registration S Division of Co	
	.O. Box 6327		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMG. REMODELING LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 07/29/2022	and assigned
Florida document number 1.22000334904		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
HMG MAINTENANCE & REMODELING LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		3 <u>F</u>
		A 6 TI
Enter new mailing address if applicables		See 5 m
Mailing address MAY BE A POST OFFICE BOX)		四刻 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new ro
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		lorida
	City	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

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>	Address	Type of Action
			□Remove
			☐Change
			□Add
			□ Remove
			□Change
		□Add	
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
		□Remove	
			□Change
			□Add
			□Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note	tive date, if other than the date of filing:
the rec	ord 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 filed.
Date	
	Howy signature 6. Signature of a member or authorized representative of a member
	MONTERO, HENRY Typed or printed name of signee

ET CAROO