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SECRETARY OF STATE

SEARLLAHASSEE. FILE

## **COVER LETTER**

Registration Section

TO:

Div	ision of Corp	oorations						
	VALDIVIA	CARPENTRY SERVICES L	LC					
SUBJECT:	Name of Limited Liability Company							
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing	ζ.				
Please return	all correspor	idence concerning this matter	to the following	g:				
		CARLOS A VALDIVIA	VALDEZ					
			Name of I	Person		-	_	
		VALDIVIA CARPENTRY	y SERVICES L	.LC			_	
			Firm/Con	npany				
	384 TAMIAMI CANAL RD APT 5						207 SE	
			Addre	ess			TAR.	
		MIAMI, FL 33144					2024 AUG 27 PM 3: 01 SECRETARY OF STATI TALLAHASSEE, FL	
			City/State and	-			7 PM	
		CARLOSVALDIVIA87@I  E-inail address: (			nort notificatio	<u> </u>	in a	
For further i	nformation co	oncerning this matter, please c		ure annuar re	port nouricus.	,	PATE O	
CARLOS A	VALDIVIA	VALDEZ	786 at (	273-2	2767			
	Name of	Person	Area	Code	Daytime Tele	phone Numbe		
Enclosed is	a check for th	e following amount:						
☐ \$25.00`I	Filing Fec	■ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additional	-		Certified	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
Re Di P.(	dling Address gistration S vision of C D. Box 632 Hahassee, I	Section orporations 7		Division The Cent 2415 N. I	Iress: ion Section of Corpora tre of Talla Monroe Str see, FL 323	itions hassee reet, Suite l	810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALDIVIA CARPENTRY SERVICES 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  $\frac{08/05/2022}{1}$ and assigned Florida document number \_\_\_\_\_\_L22000346527 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C.C. REMODELING SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/A , Florida <sup>N/</sup>A\_\_

## New Registered Agent's Signature, if changing Registered Agent:

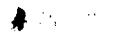
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

City

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
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te: If the date inserted cument's effective date			ble statutory fili	ng requirements, this	date will not	be listed as
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	Signature	of a member or author	rized representativ	e of a member		

Filing Fee: \$25.00