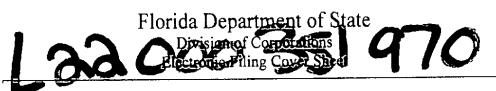
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: keithcifrodelli@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOTAL RENOVATION SOLUTIONS OF SWFL LLC

E CEBRUMBLEY

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Estimated Charge	\$25.00

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO	ARTICLES OF ORGANIZA	
OF		<u> </u>
OI.		00
TOTAL RENOVATION SOLU	UTIONS OF SWFL LLC	SSECTION IN CONTRACTOR IN CONT
(Name of the Limited Liability Compan	y as it now appears on our records.)	
(A Florida Limited Li The Articles of Organization for this Limited Liability Company v		and a. Companied
Florida document number <u>L22000351970</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbr	eviation "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)		
Muning address MAT BE AT OUT OF THE BOM		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

11/08/2022 13:25 T-05:00 TO: +18506176383 FROM: 9416251526

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>	Name	Address	Type of Action
MGR	MICHAEL EDWARDS	3490 GREAT NECK ST	□Add
		PORT CHARLOTTE, FL 33952	⊠Remove
		Change	
		□Remove	
			Change
			□ Remove
			Change
			□ Add
			□Remove
			□Change
			C`Add
			□Remove
			□Remove
			□Change

Note	ctive date, if other than the date of filing: (optional) (ffective 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 605.020 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne r e co ord is	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.
Data	d August 30th 2022
שואים	
Date	1 when
Date	Signature of a member or authorized representative of a member

Filing Fee: \$25.00