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SECRETARY SECRETARY

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: P&	X Remod	eling LLC	· ·
	Name of Limi	ned Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person Noteling, LLC Firm/Company	
	Fort. Myer	Je Bay Crele Address 15, Florida City/State and Zip Code Code and Code	33966 -2 M
	E-mail address: (t	to be used for future audial report notif	ication) House 49
For further information co	oncerning this matter, please ca	all:	Fig. 6
Ricardo 1. Name o	Frosta f Person	at (Z39) 203 Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&V Demodeling 110

(Name of the Limited Liab	da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>Auge</u>	es + 17, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	DRESS)	122 D
		DEC
		2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	, Florida City Zip Code	
	City	гір Сойе

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
MGR	Ricardo Acosta	4739 Mirage Bay Cir. Unit 401 Fort Myers	S/ Add
		Unit 401 Fort Myers	🗆 Remove
		Florida 33966	□Change
			□Add
			🗆 Remove
			©Change
			BECHETA:
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			□Remove
			□Change
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			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee

Ricardo