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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| Note: DO | NOT hit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet. | -, I-V | • |
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| To: | | F. | - I I |
| | Division of Corporations Fax Number : (850)617-6383 | RY O | m |
| From: | Account Name : SANDRA CASTILLO TAX SERVICE LLC | AH 9: OF 51 | D |
| | Account Number : I20190000047 Phone : (321)946-6560 | FAIE | G) |
| | Account Number : I20190000047 | 근목 8 | S |

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

: (866)704-9120

| Email | Address: | | |
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| | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAJ CONSTRUCTION & REMODELING LLC

| Certificate of Status | 0 | BRUMBLEY |
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| Certified Copy | 0 5 | Mr. |
| Page Count | 01 | F - 9 2022 |
| Estimated Charge | \$25.00 | |

Fax Number

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| SAJ CONS SUBJECT: | TRUCTION & REMODELING | G LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Piease return ail correspo | ndence concerning this matter | to the following: | |
| | GLADYS LOPEZ LOPEZ | : | |
| | | Name of Person | |
| | SAJ CONSTRUCTION & | REMODELING LLC | |
| | | Firm/Company | |
| | 1631 WINDY AVE | | |
| | | Address | |
| | APOPKA, FL 32712 | | |
| | | City/State and Zip Code | |
| | | SERVICE@YAHOO.COM to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please c | | |
| SANDRA DANIS RAM | - | 407 205 0002 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fcc & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL | oorations allahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAJ CONSTRUCTION & REMODELING LL | |
|--|--|
| (<u>Name of the Limited Liability</u> (A Florids L | Company as it now appears on our records.) imited Liability Company) |
| The Articles of Organization for this Limited Liability Cor Florida document number L22000375500 | mpany were filed on 08/25/2022 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ed liability company here: |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> |
| (Principal office address MUST BE A STREET ADDRE | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P-8 M 9 09 ATTASSEE. FL |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter the name of the new registered</u> |
| 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.

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 |
|--------------|--------------------------|------------------|-----------------|
| AMBR | GLADYS LOPEZ LOPEZ | 1631 WINDY AVE | ■ Add |
| | | APOPKA, FL 32712 | □Remove |
| | | | □Change |
| AMBR | GAUDENCIO J LOPEZ MIRAND | 1631 WINDY AVE | □Add |
| | | APOPKA, FL 32712 | ■ Remove |
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| | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 ck does not meet the applicable statutory filing requirements, this date will not be lis |
| cord specifies a delayed effective of filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| ed | |
| | Gladya Lopez Lopez Gignature of a member of a uthorized for resentative of a member |
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| S | ignature of a member or authorized fooresentativ (of a member |

Filing Fee: \$25.00