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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NAPEX FINANCIAL SERVICES LLC

Account Number : 120210000104 Phone : (561)305-6436 Fax Number : (561)880-9444

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASLAN REMODELING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 JUL 16 AM 4: 07
TALLAHASSEE FLORIN,

ASLAN REMODELING 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 I	Liability Company	were filed on [19/0]	72022 and assigned
Florida document number L22000385064			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: v name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: inpul office address MUST BE A STREET ADDRESS) THE ADDRESS JACKSONVILLE, FL 32258 THE ADDRESS JACKSONVILLE, FL 32258 THE ADDRESS JACKSONVILLE FL 32258		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	11548 PETERSHA	AM FALLS LN
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE	. FL 32258
Enter new mailing address, if applicable:		11548 PETERSHA	AM FALLS EN
lailing address MAY BE A POST OFFICE BOX)		JACKSONVILLE	, FL 32258
		address on our rec	ords, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	ASLAN RAFA	EL DE SOUZA ALV	/ES
New Registered Office Address:	11548 PETERS	SHAM FALLS LN	
	PV	Enter Florida	i street address
	JACKSONVIL	LE	Florida 32258
		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
MGR	ASLAN R. DE SOUZA ALVES	11548 PETERSHAM FALLS LN	□Add
		JACKSONVILLE, FL 32258	□Remove
			€ Change
			□Add
			□Remove
			To Company
		Add 6	
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Sective date, if other than the d neffective date is fisted, the date must be te: If the date inserted in this bloc cument's effective date on the Dep	e specific and can k does not meet	the applicable	late of filing or r e statutory filin	nore than 90 days a	ptional) fter filing.) Pursi this date will n	ant to 605,0207 (. of be listed as th
ecord specifies a delayed effective of is filed.	late, but not an e	effective time	, at 12:01 a.m.	on the earlier of	: (b) The 90th	day after the
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