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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033

: (305)805-3516

Fax Number

: (305)887-5844

ćΫ

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SABIDO REMODELING LLC

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## COVER LETTER

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TO: Registration Se Division of Cor			
SABIDO E	REMODELING LLC		
SUBJECT:	Name of Lin	nited Liability Company	· . <u> </u>
	Amendment and fee(s) are sub	•	
		2) Last Names: SABIDO CEPERO	
		Name of Person	
	SABIDO REMODELING	LLC	
		Firm/Company	•
	1955 BRIGHT DR		
		Address	
	HIALEAH, FL 33010		
		City/State and Zip Code	
	MAYKELSABIDO3@GM	AIL.COM to be used for future annual report notif	is allow)
For further information c	oncerning this matter, please o	•	, and the second
MAYKEL SABIDO CE	PERO	346 917-6049	
Name o	Person	Area Code Dayrimo	: Felephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

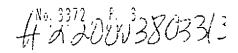
Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Nov. 7. 2022 12:45PM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



If amending name, enter the new name of the limited liability company here:  A new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable:  **Incipal office address MUST BE A STREET ADDRESS**  **Incipal office address, if applicable:  **Incipal address, if applicable:  **Incipal address MAY BE A POST OFFICE BOX**  **Incipal address MAY BE A POST OFFICE BOX**  **Incipal office address MAY BE A POST OFFICE BOX**  **Incipal address MAY BE A POST OFFICE BOX**  **Incipal address on our records, enter the name of the new regions of the n	SABIDO REMODELÍNG LLC					
rida document number    L22000401024	(Name of the Limite	d Liability Comp A Florida Linuted	uny us it now appea Liability Company)	rs on our records.)		
If amending name, enter the new name of the limited liability company here:  A new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable:  **Incipal office address MUST BE A STREET ADDRESS**  **Incipal office address MUST BE A STREET ADDRESS**  **Incipal office address MAY BE A POST OFFICE BOX**  **Incipal address MAY BE A POST OFFICE BOX**  **Incipal office address on our records, enter the name of the new register and/or the new registered office address here:  **NA**  **Name of New Registered Agent:**  **NA**  **Name of New Registered Agent:**  **NA**  **New Registered Office Address:**  **Enter Florida street address*  **Florida			y were filed on 09	9/14/2022	and assigne	d
ter new principal offices address, if applicable:    N/A	orida document number L22000401024	·				
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable:    N/A	is amendment is submitted to amend the follo	wing:				
ter new pame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable:  **Incipal office address MUST BE A STREET ADDRESS**  **The new mailing address MUST BE A STREET ADDRESS**  **The new mailing address, if applicable:  **N/A**  **Incipal office address MAY BE A POST OFFICE BOX**  **In	If amending name, enter the new name of	the limited lia	bility company h	ere:		
Iter new principal office address, if applicable:  Sincipal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Milandress MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida sweet address  Florida	'A					
Iter new mailing address MUST BE A STREET ADDRESS)  Iter new mailing address, if applicable:  N/A  Initing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	new name must be distinguishable and contain the we	ords "Limited Liab	ility Company," the o	designation "LLC" or the	abbreviation "L.L.C."	
If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida spreet address  Florida	nter new principal offices address, if applica	ble:	N/A		·	;
Iter new mailing address, if applicable:    Mailing address MAY BE A POST OFFICE BOX     If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:    Name of New Registered Agent:   N/A     New Registered Office Address:   Enter Florida since: address   Florida     Florida   Florid	rincipal office add <u>ress MUST BE A STREE</u> T	(ADDRESS)				
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		a the National Section for the Section Section 17. The Section Section 19.	City	Piorida	Zip Code	

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

Nov. 7. 2022 12:46?M
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

Title	Name	Address	Type of Action
AMBR	MAYKEL SABIDO CEPERO	1955 BRIGHT DR	
		HTALEAH, FL 33010	□Remove
			□Change
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-	11/2 /222	<del></del>
(If an off Note:	ive date, if other than the date of filing:  [cerive date is listed, the date must be specific and cannot be pilor to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	t to 605,0207 (3)( be listed as the
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th deled.	ay after the
Dated	November 07, 2022	
	Signature of a member or authorized representative of a member	
	Maukel Sabido Cepero	_

Filing Fee: \$25.00