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SECRETARY OF STATE
TALLAMASSEF, FI

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COVER LETTER

TO: Registration See Division of Corp			
SUBJECT:	anet beno	DELING (DI	utnacton U.C.
		ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter (to the following:	
	Dani	el (ordono	
		Firm/Company	
	116 88	- 1	#28
		Address	
	Hollow	City/State and Zip Code	+13300g.
	<u>-</u>	City/State and Zip Code	
	E-mail address: (t	o be used for future annual re	port notification)
For further information co	ncerning this matter, please ca	11 :	
Domid (ourdona	J86, 8	26-6767
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	tollowing amount:		
□ \$25.00 Filing Fee	S30 00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	
	Neway sent!		(additional copy is enclosed)
Mailing Address	 -	Street Add	
Registration Se Division of Co			ion Section of Corporations
P.O. Box 6327	7	The Cen	re of Tallahassee
Tallahassee, F	L 32314		Monroe Street, Suite 810 See, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORT REMODELING CONTRACTORS LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L Z 3000 Zoll 9</u>	vere filed on 01 09 20	<u>073. (</u> and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation	ı "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)	Hollywood, P	15t L 3302	A
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	e name of the	new registerec
Name of New Registered Agent:		120 120 120 120 120 120 120 120 120 120	
New Registered Office Address:	Enter Florida street address Flori	ETARY OF	<u>"</u>
New Registered Agent's Signature, if changing Registered Agent:	Сцу	STATE STATE	nte 🔾 .
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and . ovided for in Chapter 605, F.S	Lam fam <mark>i</mark> liar 8. Or, if t h is a	with and locument is

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>?</u>	<u>Name</u>			Address			Type of Action
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n effectiv <u>ste:</u> If th	ve date is listed. he date inserte	r than the dat the date must be d in this block te on the Depar	specific and does not m	cannot be princet the appl	or to date of filir icable statutor	ng or more than by filing require	(options 90 days after fili ements, this d	ng.) Pursuant t	o 605.0207 e listed as
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	-	Sign	natate di Ali	nember or au	thofized represe	ntative of a mer	nber		

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