## L23000036176

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DAVISION OF CORPUS LAIN

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## **COVER LETTER**

TO: Registration S Division of Co	Section	3	e - 0	
	n por ations			
SALAS D	POTHER'S REMODEL ATION			
SUBJECT: SALAS B	ROTHER'S REMODELATION		<del></del>	
	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.		
	ondence concerning this matter			
	CARINA HERNANDEZ	MARIANO		
		Name of Person		
		Firm/Company		
	12930 100TH LANE			
	<del></del>	Address	<del></del>	
	FELLSMERE FL 32948			2623 AUG 18
	<del></del>	City/State and Zip Code		AU(
	CARINAHERNANDEZ5@	•		<del>-</del> 7
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	ail:		23 AUG 18 PM 12: 40
CARINA HERNANDE		at (772 ) 257-1285		0.4
Name c	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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 enclus	
Mailing Addres Registration S		Street Address: Registration Sec	tion	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SALAS BROTHER'S REMODELA	TION LLC				
(Name of the Limited	l Liability Compa A Florida Limited I	inv as it now appears ( Liability Company)	on our records.)		
he Articles of Organization for this Limited Lia lorida document number L23000036176	bility Company	were filed on 01/1	9/2023	and assigr	ıed
his amendment is submitted to amend the follow	wing:				
If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
he new name must be distinguishable and contain the wo	rds "Limited Liebi	lity Company," the des	ignation "LLC" or the ab	breviation "L.L.C	·.·
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		12930 100TH LA	NE		
		FELLSMERE FL 32948			
				202	<u></u> य
Enter new mailing address, if applicable:		SAME	<del></del>		<u> </u>
Muiling address MAY BE A POST OFFICE B	(OX)			<u> </u>	- ·
				_ α :	
. If amending the registered agent and/or regent and/or the new registered office address	gistered office ; here:	address on our rec	ords, enter the nam	e of the new r	egistı £
				0 -	
Name of New Registered Agent:	CARINA HER	NANDEZ MARIAN	io	<del></del>	
New Registered Office Address:	12930 100TH [				
		Enter Florids	a street address		
	FELLSMERE		Florida 329	948	
		Chy		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 603, 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	CARINA HERNANDEZ MARIAN	12930 100TH LANE, FELLSMERE FL 32948	≣Add
			⊡Remove
			□Change
PRES	AQUILINO SALAS FRANCISCO	240 S BROADWAY ST	
		FELLSMERE FL 32948	≣Remove
			①Change
			🗆 Add
			□Remove
			Ghange
			Contraction of the contraction o
			Parentove  Change
			Change
<del></del>			🖸 Add
			□Change
			□ Add
			□Remove
			Change

Effective date, if other than the date of filing: 08/19/2023 (Optional)  (If an official educe is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If measure to 605 0207 (Notes, If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated  Caving Heymondes Manual Operation of a member or authorized representative of a member.  CARDNA HERNANDEZ MARIANO			
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Dated Sept 26, 2023  Carina Hernandez Mariano  Signature of a member or authorized representative of a member	Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutors filing.	o 605.0207 ( e listed as t
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Filing Fee: \$25.00