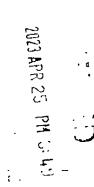
## L23000177050

(Requestor's Name)
(Address)
(Address)
(
(0), (0), (7), (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900405819119



26.77 -01.001 -0156 FAB. 00

B

200 A 3.37

APR 40 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Arcos N. G. Remadeling LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Martin Aycos Name of Person
Firm/Company
2179 Hwy 177a Address
Bonfay FL 32425  City/State and Zip Code  City/State and Zip Code  Grand Sons (a g mail - Com  E-mail address: (to be used for future annual report notification)
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Martin Accos at (850) 740 - 2828  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arcas NG Remode (Name of the Limited Liability Comp	na LLC	2023 APR 25 PH 3: 45
(Name of the Limited Liability Comp (A Florida Limited	pany as k now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  Arcos N. G. Remodelina  The new name must be distinguishable and contain the words "Limited Liab		n "LLC" or the abbreviation "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"		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:	_	
New Registered Office Address:	Enter Florida street	address
		Florida
<del></del> ;	City	, Florida

## 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>	<u>Name</u>	Address	Type of Action
14 R	Kevin A Davila	2179. Hwy 1779 Bontag	∠_ □Add
		32425 FL	□Remove
AMBR	Hartin Arcos.	2179 Hwy 1770 Bonifay	ØAdd
		32425 Ft	□Remove
			□Add
			□Remove
			□Change
<del></del>		<u></u>	□Add
			□Remove
			Change
			□Add
			□Remove
	·		🗆 Add
			□Remove

_	
_	
-	
-	
-	
_	
-	
-	<del></del>
-	
-	
_	
_	
-	
-	
-	
If an eff Note:	ive date, if other than the date of filing:
ord is fi	
	04/25/23
Dated	,
Dated	
Dated	Signature of a member or authorized representative of a member    Q_ih