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COUNTRAVE		TRUCTION & REMODELIN	G LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		CHRISTIAN J ANRIA UI	BARTE	
			Name of Person	
		OWNER		<u> </u>
			Firm/Company	
		710 NE 131 ST ST APT A		
			Address	
		MIAMI, FL 33161		
			City/State and Zip Code	
		myamiservice@hotmail.cor		
		E-mail address: (to be used for future annual report n	otification)
For further	information c	oncerning this matter, please c	all:	
CHRISTIA	N J ANRIA I	JBARTE	754 4230568 at ()	
^	Name o	f Person -	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	ailing Addres		<u>Street Address:</u> Registration S	Section
	-	Section Corporations	Division of C	
Ρ.	O. Box 632	.7	The Centre of	Tallahassee
T:	allahassee. I	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.A CONSTRUCTION & REMODELING . LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.)</u>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L23000229684</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		P C N
		MAY MAY
Enter new mailing address, if applicable:		SS W
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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		Diri us
B. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	r the name of the new register
ngent and/or the new registered office address here:		
Name of CNI and Description and Assembly		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
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		lorida
	City	гар Соис

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
AMBR	CHRISTIAN J ANRIA UBARTE	710 NE 131 ST APT A MIAMI, FL 33161	□Add
			□Remove
			■ Change
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ective date, if other than t	he date of filing:	(option	al)		
n effective date is listed, the date (nust be specific and cannot be prior to date of block does not meet the applicable statu	filing or more than 90 days after fi	ling.) Pursu	ant to 605. of be liste	,0207 :d as
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