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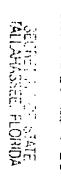
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Special Instructions to F	Filing Officer:	

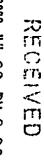
Office Use Only

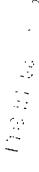


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COVER LETTER

TO:

	istration Sec ision of Corp				
SUBJECT:	KS)	Y Siding Tloo Name of Lim	PIMO AND Remo	deling	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Lolon	Rongro		
		Ja Har	Name of Person		
			Firm/Company		
		470 Marcus			1 2.
		tallahas	Address		n) 30
		1000 SOME SE-mail address: (City/State and Zip Code 300 gman - Com to be used for future annual report not	ification)	
For further in	nformation co	ncerning this matter, please ca			
_ Chru	Name of	omero Person	at (550) 321 4	15 \ 3	
			ŕ	·	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Så \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact (additional cop	of Status & -
	iling Address: gistration Se		<u>Street Address:</u> Registration Se	ection	
Div	ision of Co Box 6327	rporations	Division of Co The Centre of	rporations	
	lahassee, Fi			e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Alyce Reverse Floring and semontaling L.C. (
Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number __ L 7 3 000 34 5129 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv 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 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>	Name	Address	Type of Action
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ite: If the date i	other than the date listed, the date must be sp nserted in this block do we date on the Departn	oes not meet the appli	cable statutory filing	ore than 90 days after figure this (nal) ling.) Pursuant to 605.020 date will not be listed a
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-	- South	ATTO X	-		
	- / July /	ture of a member or auth	orized representative	of a member	
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Filing Fee: \$25.00