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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(233,000 2,000)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Uncoest Hor	ne Remolding ited Liability Company	E Replie
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person Home Remaid Firm/Company	
	1846 sho	Address	Apt == 103
		City/State and Zip Code B 5579 @ C m to be used for future annual report no	1
For further information co	E-mail address: (i		otification)
1 1 -			= 241/
106h Br.	Person 2 Hy	at (<u>727)</u> <u>27</u> Area Code Dayti 352 - &Y	ine Telephone Number 2-3173
Englosed is a check for the	following amount:		
S \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration S Division of C The Centre of	orporations `Tallahassee
Tallahassee, F	L 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Surganst Home Remodeline & Repair LLC

(A Florida	a Limited Elability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 1019 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable:	Gr. De
(Mailing address MAY BE A POST OFFICE BOX)	
	 සූ
	· 18
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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.

City

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>	<u>Address</u>	Type of Action
MGR	William Beatly	1846 Shore dr. 5 S. Pasudena, Fl 33707	tvAdd
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ective date, if other effective date is listed, the e: If the date inserted ument's effective date	he date must be spec I in this block doe	rific and cannot es not meet th	t be prior to da e applicable	te of filing or n	iore than 90 day	's after filing.)	Pursuant to 605.0 vill not be listed
cord specifies a delaye s filed.	ed effective date. I	but not an eff	ective time, a	u 12:01 a.m.	on the earlier	of: (b) The	90th day after t
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