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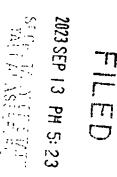
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

Division of Corp		•	
SUBJECT: 3D	Home Remo	deling L.L. C	6
The enclosed Articles of 7	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Michael 30 Home	Name of Person  Remodeling L  Firm/Company	· ( · ( .
	524 Gruff	Road	
	North Palm dover July E-mail address: (1	Deach Fl 33 City/State and Zip Code  One of the state of	Notation)
For further information co	oncerning this matter, please ca	ıll:	
Juliana T	Person Hichael	at (501) 255- Dover - 501 - 25	UG15 e Telephone Number 5-6933
Enclosed is a check for the	e 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)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee. F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3D Home Remode  (Name of the Limited Liability Compa (A Florida Limited)	ny as it now procurs on our records.) Liability Campany)
The Articles of Organization for this Limited Liability Company Florida document number 230034046	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  AD Home Remodeling ay  The new name must be distinguishable and contain the words "Isimited Liabile  Enter new principal offices address, if applicable:	1d Complete Maintenance L.
(Principal office address MUST BE A STREET ADDRESS)	524 Gulf Road. Norm Palm Beach Fl. 33468
Enter new mailing address, if applicable:	Same
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  534 C	A DOVLY  SULF Road  Enter Florida street address  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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Juliana Pover	524 Gulf Road N.P.C 33408	FL CENTED
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
			□ Add
			□Remove
			☐ Change
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			□Change
			□Add
			□Remove
			(Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
New Agent MGR
Juliana Dover
524 GAULF ROAD
North Palm Beach, Fl 33408
E. Effective date, if other than the date of filing: 12023 (optional) (If an effective 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 605.0207 (3)(b Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If 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 record is filed.
Dated Sunday Stotember 11th 2023
Signature of a member or authorized representative of a member
Michael 5 Dougle  Typed of printed name of signee