

To: 8506176380

From: 3054241050

10/30/2023 10:10:33 AM

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30/10/23, 11:06

L23 000399656
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STRATEGIC LEGAL SOLUTIONS, LLC
Account Number : I20230000140
Phone : (305)722-7090
Fax Number : (305)424-1050

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sabrina@smulevichlegal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REMODELING PARADISE SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

[Handwritten Signature]

Electronic Filing Menu

Corporate Filing Menu

Hel

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

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REMODELING PARADISE SOLUTIONS LLC

(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 08/24/2023 and assigned
Florida document number L23000399656.

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 end with 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

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	De la fe Castro, Gustavo	817 SE 8Th PL, Unit A Cape Coral, FL 33990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

☐ Add
2023 OCT 30 PM 7:26
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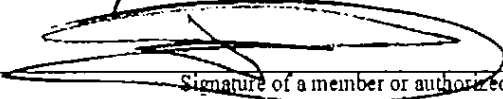
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/30/2023 2023



Signature of a member or authorized representative of a member

RAIDEN, VIRGILIO G

Typed or printed name of signee

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FILED