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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 : (407)552-7903 Fax Number : (407)449-2348

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

Email Address: info@claudialimatax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FF DEMOLITION & REMODELING LLC

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Corporate Filing Menu

COVER LETTER

| | LITION & REMODELING LL | .c | |
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| ı: | Name of Lim | ited Liability Company | . |
| sed Articles of | Amendment and fec(s) are sub | mitted for filing. | |
| ırn all correspo | ondence concerning this matter | to the following: | |
| | CLAUDIA LIMA | | |
| | | Name of Person | |
| | CLAUDIA LIMA TAX & | ACCOUNTING LLC | |
| | | Firm/Company | |
| | 9100 CONROY WINDER | MERE RD SUITE 200 OFFICE 24 | 41 |
| | | Address | |
| | WINDERMERE, FL 3478 | 6 | |
| | | City/State and Zip Code | |
| | INFO@CLAUDIALIMAT. | AX.COM | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| r information c | oncerning this matter, please c | all: | |
| A LIMA | | 407 5527903 | |
| Name o | f Person | | e Telephone Number |
| s a check for tl | ne following amount: | | |
|) Filing Fee | ☐ \$30.00 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) |
| | | <u>Street Address:</u> Registration Se | ction |
| Division of C | orporations | Division of Cor | porations |
| | | | |
| | FF DEMOINTS Sed Articles of armall correspondence of the correspon | Name of Limited Articles of Amendment and fee(s) are subtract all correspondence concerning this matter. CLAUDIA LIMA CLAUDIA LIMA CLAUDIA LIMA TAX & 9100 CONROY WINDER WINDERMERE, FL 3478 INFO@CLAUDIALIMAT. E-mail address: Tinformation concerning this matter, please of A LIMA Name of Person S a check for the following amount: D Filing Fee | FF DEMOLITION & REMODELING LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: CLAUDIA LIMA Name of Person CLAUDIA LIMA TAX & ACCOUNTING LLC Firm/Company 9100 CONROY WINDERMERE RD SUITE 200 OFFICE 2: Address WINDERMERE, FL 34786 City/State and Zip Code INFO@CLAUDIALIMATAX.COM E-mail address: (to be used for future annual report notice information concerning this matter, please call: A LIMA Name of Person A check for the following amount: O Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Intelling Address: Cegistration Section Division of Corporations Street Address: Registration Section Division of Corporations |

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FF DEMOLITION & REMODELING L | LC | | |
|--|---|-----------------|-----------|
| (<u>Name of the Limited Lis</u> (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability Florida document number L23000430729 | ty Company were filed on 09/15/2023 | and ass | igned |
| This amendment is submitted to amend the following | g'. | | |
| A. If amending name, enter the new name of the | limited liability company here: | | |
| FF CLEANING AND ORGANIZATION SERVICES L | LC | | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the designation "LLC" or the | ibbreviation "1 | L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET AL | | | |
| Trincipul office unuress 19001 BL A STREET AL | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| | - | | |
| Mailing address MAY BE A POST OFFICE BOX | | <u></u> | |
| | | | |
| | | مرتون م رئيس | |
| B. If amending the registered agent and/or registongent and/or the new registered office address her | | ne of the nev | v registi |
| igent and/or the new registered office address her | <u> </u> | 29 | |
| | | | |
| Name of New Registered Agent: | | <u>~~~~</u> | |
| New Registered Office Address: | | <u> </u> | |
| | Enter Florida street address | \sim | - |
| | . Florida | | \odot |
| - - | 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.

| FAX | . 🖀 +14074492348 | ര— | 6/8 | 2 29,4,2024 | 10:03:53 |
|-----|------------------|----|-----|-------------------|----------|
| 177 | . 22 14014452540 | | | - L J. T. L D L T | 10.03.33 |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = Authorized Member | MGR = Manager | | |
|--------------------------|--------------------------|--|--|
| | AMBR = Authorized Member | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---|----------------|
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| ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De | ck does not meet the applicable statute | (optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (ory filing requirements, this date will not be listed as t |
| record specifies a delayed effective d is filed. | date, but not an effective time, at 12:0 | OH a.m. on the earlier of: (b) The 90th day after the |
| | 2024 | |
| APRIL 26TH | | |
| ated APRIL 26TH | 737.00} Signature of a member or authorized repre | |

FAX

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