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Y. SCOTT OCT 2 2 2023

COVER LETTER

TO: Registration Se Division of Cor			≯			
	CIN REMODELING SERVIC	CES. LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	HERNAN ALBARRACIN	;				
		Name of Person				
	ALBARRACIN REMODI	ELING SERVICES, LLC				
		Firm/Company		01VI		
	7400 POWERS AVE, #45	0		DIVISION OF CORPORATIONS ZOZ3 OCT 11 PM 3: 35		
		Address				
	JACKSONVILLE, FL 322	117		ORPO		
		City/State and Zip Code		RATIONS 1 3: 35		
	HALBARRACIN96@GMA			35 P		
	E-mail address: (to be used for future annual report noti	rication)			
For further information c	oncerning this matter, please c	ali:				
HERNAN ALBARRACIN		904 994-1619 at ()				
Name o	f Person		e Telephone Number	_		
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &		
Mailing Addres		Street Address:				
Registration S Division of C		Registration Sec Division of Cor				
Division of Corporations P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBARRACIN REMODELING SERVICES, 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 and assigned and assigned
Florida document number L23000441226
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Albarracin Handyman & Remodeling Services, L.C. 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)
2023 V S
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 office address have
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida

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

Zip Code

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>	Address	Type of Action
MGR	HERNAN ALBARRACIN	7400 POWERS AVE, #450	≅ Add
		JACKSONVILLE, FL 32217	□Remove
			□Change
AMBR	EDWIN ALBARRACIN	7400 POWERS AVE, #450	□Add
		JACKSONVILLE, FL 32217	□Remove
			SECRE Agan Agan Agan Agan Agan Agan Agan Agan
			RETARY OF STATE N OF COMPORATIONS OF COMPORATIONS OF THE PM 3:135
			□Add
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Filing Fee: \$25.00