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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section

Tallahassec, FL 32314

Div	ision of Cor	porations		
		DELING EXPERTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	····
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
			_	
Please return	i all correspo	ndence concerning this matter	to the following:	
		ISMAEL FERNANDO BI	RISENO ALVAREZ	
			Name of Person	
			Firm/Company	
		14550 DOWNING ST		
			Address	
		Dover FL 33527		
			City/State and Zip Code	
		alvarezremodelinglle.23@g	mail.com to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please c		
Ismael F Bri	seno-Alvarez	2	863 388-5177 at ()	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection
	_	orporations	Division of Co	rporations
P.C	D. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US REMODELING EXPERTS LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 09/29/2023	and assigned
Florida document number L23000452195	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company." the designation "LLC" o	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:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, <u>enter th</u>	ie name of the new regis
agent and/or the new registered office address here:		G
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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
AMBR	Lizbeth Gudiel	14550 Downing St Dover FI 33527	= Add
			□ Remove
			Change
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and ca is block does not mee	annot be prior to dat et the applicable s	c of filing or more the statutory filing requ	(optional in 90 days after filing tirements, this date	;.) Pursuant to 605.0207 (
ne record specifies a delayed effe	ective date, but not ar	n effective time, a	t 12:01 a.m. on the	earlier of: (b) T	he 90th day after the
ord is filed.					
lune 25		2024			
	· .	2024			
lune 25	· .	·	representative of a m	ieinber	

Filing Fee: \$25.00