L23000476525

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09/13/24

COVER LETTER

Registration Section
Division of Corporations

TO:

	nc Remodel, LLC.		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mery Rocha		
		Name of Person	,
	5 Star Home Remodel LL	C.	
		Firm/Company	· · · · · ·
	5742 Brooklyn Ave		
		Address	
	Sarasota, FL 34231		
		City/State and Zip Code	
	5starhomeremodel23@gma	il.com	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Mery Rocha		727 320-7782	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of (Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Star Home Remodel, LLC.				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000476525</u> .	y were filed on 10/17/2023	-	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L1.C"	or the abbrevi	ation "L	.L.C."
Enter new principal offices address, if applicable:			Lings \$	
Principal office address MUST BE A STREET ADDRESS)		•••	: ,	
		1	.;	
				:
Inter new mailing address, if applicable:		(S) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	27	
Mailing address MAY BE A POST OFFICE BOX)			တ	
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B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ne name of	the ne	w regis
	Enter Florida street address			
	, Flor			
	City	Z	ip 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>	Address	Type of Action
MGR	ALVAREZ, LUIS	5716 17TH ST W	
		BRADENTON, FL 34207 UN	≡Remove
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ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	ate of filing: e specific and cann k does not meet t	he applicable					
cord specifies a delayed effective filed.	late, but not an e	ffective time	at 12:01 a.m	. on the earlie	r of: (b) The	90th da	y after th
d 1 September	$\frac{20}{2}$)24					
(1							

Filing Fee: \$25.00