## 123000501405

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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

Revamp Re	new Remodel 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	ndence concerning this matter	to the following:		
	Michael Valdez			
		Name of Person		
	Revamp Renew Remodel I	J.C		
		Firm/Company		
	636 Dogwood Rd			
	West Palm Beach/FL 3340	Address 9		
	RevampRenewRemodel@g	City/State and Zip Code mail.com		
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Michael Valdez		561 201-3486		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
X\$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)	
Mailing Addres Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of 2415 N. Monre		
Tallahassee.	にた つとう 1年	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revamp Renew Remodel LLC		2023 ETO 11 F" 5: 33
(Name of the Limite)	1 Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on 1111	03 2023 and assigned
Horida document number <u>L23000501</u>	105	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	OX)	
3. If amending the registered agent and/or re agent and/or the new registered office address		ords, enter the name of the new registered
	NA 1 1 1/2 1	
Name of New Registered Agent:	Michael Valde	
New Registered Office Address:	636 Dogwood Enter Florida	Rd. street address
		Florida 33409 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kaylie Melton	4155 N Haverhill rd, apt 1408, West Palm Beach FL, 33417	
			🗖 Add
			= Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable	ate of filing or more than 90 days	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
cord specifies a delayed effective s filed.	date, but not an effective time.	at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
November 28	2023		
ted	· · · · · · · · · · · · · · · · · · ·		
VA		<b>&gt;</b>	
	Signature of a member or authorize	ed representative of a member	····