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COVER LETTER

TO:

TO: Registration Se Division of Cor		,	•			
elibarze.		EMODELING, 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:				
		ARTURO CAMACHO				
ANXLEC REMODELING, LLC.						
Firm/Company						
	2674 ROWAN ST					
Address						
		TAVARES, FL 32778				
		City/State and Zip Code	·			
		OUNTING@YAHOO.COM				
		to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
ARTURO CAMACHO		407 777-7624 at ()				
Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne 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)			
Mailing Address:		<u>Street Address:</u> Registration Se	etion			
Registration Section Division of Corporations		Division of Co				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANXLEC F	REMODELING, LLC.		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears oited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	12/12/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	re:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	Liability Company," the de-	signation "LLC" or the ab	obreviation "L.L.C."
Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A	SHOCKETARY D
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our re		
Name of New Registered Agent:	ARTUR	О САМАСНО	
New Registered Office Address:		OWAN STREET	
	Enter Florio TAVARES	da street address , Florida	32778
	City	, etoriaa	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDREA CAMACHO	2674 ROWAN ST	□Add
		TAVARES, FL 32778	■Remove
			□Change
			□Add
			□Remove
			□Change
		_	□Add
			□Remove
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			☐Change
		_	□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/22/2023 E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. DECEMBER 22 2023 Signature of a member or authorized representative of a member ARTURO CAMACHO

Filing Fee: \$25.00

Typed or printed name of signee