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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

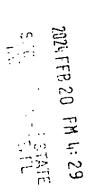
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

CUNICT	Iveroc F	Renovations, 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:		
		Veronica Castillo		
		Name of Person		
		Firm/Company		
		1208 New York Avenue		
Address				
Lynn Haven, FL 32444				
	ivere	City/State and Zip Code crenovations@outlook.com		
		to be used for future annual report noti	fication)	· 23
For further information c	oncerning this matter, please c	all:		2024 FEB
Verd	onica Castillo	863 221-613.	1	: 20
Name o	f Person	Area Code Daytim	e Telephone Number	FH 4: 29
Enclosed is a check for the	ne following amount:			수
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iveroe Renovat	tions, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears .iability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	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 liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	igastion "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1208 New York A	wenue		
(Principal office address MUST BE A STREET ADDRESS)	Lynn Haven, Ft. 32444			
Enter new mailing address, if applicable:	1208 New York A	wenue		
(Mailing address MAY BE A POST OFFICE BOX)	Lynn Haven, FL.	32444 	S. 13	
B. If amending the registered agent and/or registered office a	address on our rec	ords, <u>enter the na</u>		
agent and/or the new registered office address here:				
Name of New Registered Agent:	Veronica Cast	tillo	29 29	
New Registered Office Address:	1208 New York A			
	Enter Florid	a street address		
	Lynn Hav	<sup>cn</sup> , Florida _	32444	
	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 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	Veronica Castillo		🗆 Add
			□Remove
		1208 New York Avenue, Lynn Haven, F1. 32444	Change
MGR	Ariel A. Castillo		□Add
			□Remove
		1208 New York Avenue, Lynn Haven, FL 32444	Change
			□Add
			Remove
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fective date, if other than the date of filing:	<i>2/5/2024</i>	(optional)	(**
in effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the ap cument's effective date on the Department of State's reco	oplicable statutory filing re		
ecord specifies a delayed effective date, but not an effecti is filed.	ve time, at 12:01 a.m. on t	he earlier of: (b) The	e 90th day after th
ted Wednesday, February 14th 202	$\frac{1}{2}$ . $\frac{1}{2}$ .	(	
Signature of a member or	authorized representative of a	member	
-	nica Castillo		
VEIG	anea vasumv		