124000010422

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01/22/24--01015--009 **25.00

91.9 - 1.6.16



COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	y	MAYKEL MORA LOZANO		
		Name of Person		
		Firm/Company		
		4252 NW 2ND TER		
		Address		
		MIAMI, FL 33126		
		City/State and Zip Code		
		naymora79@gmail.com to be used for future annual report not	Dication	
or further information c	oncerning this matter, please c			
MAYKEL MOI	RA LOZANO	786 753-4881		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Inclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassec, 1		The Centre of 7	l allahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORA REMODELING & CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number 1.24000010422		01/03/2024	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the	designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applie	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX _j		
B. If amending the registered agent and/or agent and/or the new registered office addre	-	records, enter the name of	the new registered
Name of New Registered Agent:	MAYKEL MORA LOZANO		
New Registered Office Address:	4252 NW 2ND TER		<u> </u>
	Enter Fi	lorida street address	
	MIAMI	Florida 33126	
	City	7	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
AMBR	MAYKEL MORA LOZANO	4252 NW 2ND TER, MIAMI, FL 33126	□Adđ
			□Remove
		 	■ Change
			🗆 Add
			□ Remove
			Change
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			[]Change
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			☐ □ Change
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<u>te:</u> If the	ate, if other than the date date is listed, the date must be sp date inserted in this block do effective date on the Departr	oes not meet the applica	o date of filing or more th ble statutory filing req	(optional) an ⁹ 0 days after filing.) Pursu uirements, this date will n	iant to 605.020 ot be listed a
cord spec s filed.	cifies a delayed effective date	, but not an effective tir	ne, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
ed	JANUARY 11	·	_ ·		
		CATH!			
_	Signa	ture of a member or autho	rized representative of a r	nember	

Filing Fee: \$25.00