L24000031302

(Requestor's Name)
(104=====)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section of Corp.			
SUBJECT: Amer	ican Renovations Name of Lim	s Outsit 11.c	
30141.C1	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		- 4	
	<u>Cang</u>	Tocker	
	/	Name of Person	
	-	Firm/Company	
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	Gravelan	City/State and Zip Code	
	_, .	City/State and Zip Code	
	JUKERCOVEY_	_3650 value com to be used for future annual report not	(fication)
			incurrent
For further information cor	ncerning this matter, please c	all:	
1.1		200	-246
Corry Ticker	Person	at (35.2) <u>223 - C</u> Area Code Daytin	oc Telephone Number
Think of	4 (5/1)	7.1.02 (3.30	
Enclosed is a check for the	following amount:		
X \$25.00 Filing Fee	-	The \$55 on within the co.	S60.00 Filing Fee,
325,00 ring ree	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is circused)
Mailing Address: Registration Section		Street Address: Payistration Section	
Division of Co		Registration Section Division of Corporations	
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

American Renovations Outfit LC
American Renovations Offit CC (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 Liability Company were filed on 0 19 2024 and assigned Florida document number <u>L24000037302</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: American Renovation Ost fit UC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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	Micheal Bloomingdale	7321 Gare RD,	
		Groseland, Fl, 34736	X Remove
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Note:	ve date, if other than the date of filing:
e recore rd is fil	I 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 ed.
Dated .	Fabruary 10 . 2024 . Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a factorized of administrative of a factorized

Filing Fee: \$25.00