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COVER LETTER

Prenavation LLC	_
Name of Limited Liability Company	
nt and fee(s) are submitted for filing.	
ncerning this matter to the following:	
Aslie Ochoo Name of Person	
AGA Renovation LLC Firm/Company	<u> </u>
4 41st st sw Address	
ples, FL 34116 City/State and Zin Code	_
E-mail address: (to be used for future and ual report notification)	2024 FE
this matter, please call:	3 .
at (754) 270 -3981 Area Code Daytime Telephone Num	2024 FEB 13 AHII: 15
g amount:	ţ*i
rtificate of Status Certified Copy Certif (additional copy is enclosed) Certif	O Filing Fee, ficate of Status & Ged Copy onal copy is enclosed)
Street Address: Registration Section	
	Name of Person ASIA BENOVATION LLC Firm/Company A AIST ST SW Address City/State and Zip Code City/State and Zip Code E-mail address: (to be used 45r future and ual report notification) this matter, please call: Area Code Daytime Telephone Num g amount: Of Filing Fee & S55.00 Filing Fee & S60.00 Certificate of Status Certified Copy (additional copy is enclosed) Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $\frac{01/22/20}{122/2000}$.	24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	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)	
	ro main
B. If amending the registered agent and/or registered office address on our records, <u>enter th</u>	ယ် he name of the new registered
agent and/or the new registered office address here:	ESTATI
Name of New Registered Agent:	, m oı
New Registered Office Address:	
Enter Florida street address	
, Flor	ida Zip Code
City 1	гір Соле

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 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	Luis Cruz	23/4 4/ST ST. SW Naples, FL34/11	<u>o</u> [☑Add
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Affective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fillocument's effective date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	n. on the earlier of: (b) The 90th day after the
and February 06 2024	
valed 1 Court y Co	
Dated February 06 . 2024 . Signature of a member or authorized representative	ve of a member

DUL E CARAO