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## Division of Corporations REDO IT AND DO IT RIGHT SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL BATTLE Name of Person REDO IT AND DO IT RIGHT Firm/Company 1520 NE 154TH TER Address N MIAMEFLORIDA 33162 City/State and Zip Code GLENDA.BATTLE@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL BATTLE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee. □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Ci \$60.00 Filing Fee.

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed).

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

Certificate of Status &

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDO IT AND DO IT RE		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan)	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on 01/22/2024  Florida document number 1.24000041780		01/22/2024 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	
Enter new principal offices address, if appli	cable:	2024 SEC
Principal office address MUST BE A STRE	ET ADDRESS)	SECRET OF TAUL
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u></u>	ARY OF STATE
B. If amending the registered agent and/or agent and/or the new registered office addr		r records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	GLENDA BATTLE	
New Registered Office Address:	1520 NE 154TH TER	
	Enter I	Florida street address
	N MIAMI	121. marin. 33162

## 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.

City

LChanging 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>	Name	<u>Address</u>	Type of Action
MGR	GLENDA BATTLE	1520 NE 154TH TER N MIMA FL 33162	≣Add
			□Remove
			<b>■</b> Change
ATTE			[].Ndd
			SECRETAR Add
			P P da
			R LAdd TO SEE STATE Change
			Change
			🗀 AdJ
			□Remove
			(□Change
	····		□Add
			DRemove
			C) Change
			[]Add
			Cl Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

Dated		
	(-) (2 a 2 2 1 l	
	Signature of a member or authorized representative of a member	
	GLENDA BATTLE	
	Typed or printed name of signee	

Filing Fee: \$25.00