Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email A	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EA REMODELING PRO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EA REMODELING PRO LLC	
(Name of the Limited Liability Company as it now ann (A Florida Limited Liability Compan)	icars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000096650	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>hore</u> :
EA PRO SOLUTIONS, LLC.	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	21
	153
	n
Enter new mailing address, if applicable:	دل
(Mailing address MAV BE A BOUT OFFICE DOOR	
·······	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registere
Name of New Registered Agen;	
New Registered Office Address:	
Enter Flo	orida street addross
	Charida
City	, Florida Zip Code
Sew 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:

	Manager	
AMBR =	Authorized	Member

AMBR = A	uthorized Niember		Type of Action
<u>Title</u>	Name	<u>Address</u>	Type of Action
			🗆 Add
			□Remove
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