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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO: Registration Section **Division of Corporations** MAJAMAR HOME RENOVATIONS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NANCY VALENZUELA Name of Person NANCY VALENZUELA Firm/Company 3581 Vega creek dr Address Saint Cloud, FL 34772 City/State and Zip Code dmhome l@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nancy Valenzuela 631 5222781 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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

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

MAJAMAR HOME RENOVATIONS LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number 1.24000171673	ere filed on ABRIL 10 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
MJM HOME RENOVATIONS LLC	
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)	24
Trincipal typice dadress (FOOT INSTITUTIONS)	
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>సు.</u> ణ జై. స
-	23 25 25
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registe</u>
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 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>	<u>Address</u>	Type of Action
MGR	NANCY VALENZUELA	3581 Vega Creek Dr , Saint Cloud FL 34772	
			∃ Add
			□Remove
			□Change
SR	NANCY VALENZUELA	3581 Vega Creek Dr., Saint Cloud FL 34772	□Add
			Remove
			■ Change
			□Add
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	nust be specific and cannot be problem block does not meet the app	dicable statutory filing r	(optional) than 90 days after filing.) Pursuant tequirements, this date will not b	
beamen democrate due on the	Department of State 5 recor	u .		
	tive date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90th day	after the
l is filed.				
05-28	2024			
05-28		<u> </u>		
05-28				
1 is filed. 05-28 Pated		TWG.	a member	_

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