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COVER LETTER

TO:

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

TO: Registration Se Division of Cor			
SUBJECT: AUC	name of Ling	Remodeliv	ng LLC
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	An	dres Lopes	7
		Firm/Company	
	4686	o Tribute T	RL.
	Kissimn	nee JL 34 City/State and Zip Code	746
	ud ropezn	k @ gmail. com	fication)
For further information co	oncerning this matter, please ca	ıll:	
Andr Name o	<u>}</u>	at (321) 3 Area Code Daytim	71-5681 e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section

Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Augoti Lingues Domadalina II C

(Name of the Limited Liability Compan (A Florida Limited L.	nv as it now appears on our recor	ds.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L240002347</u> 83	were filed on 5/21/	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	2021
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	C" or the abbreviation."L.L.C."
Enter new principal offices address, if applicable:	NIA	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		2 8 4
	·	2. 4.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	5
STURING GOVERN SIAT BE A POST OFFICE BOX		-
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street addre	ss
	. FI	lorida
	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
4mbr	Andres Lopez	4686 Tribute TRL. Kissimmee, FL: 3474	Add
		Kissimmee, FL 3474	6 □Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			Change

			ttach additional sheets, ij	
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		6 C L .		
Note: If the date i document's effecti	inserted in this block does ive date on the Departme	s not meet the applicable s nt of State's records.	statutory filing requirement	optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as
Dated	delayed effective date, b	2024.	t 12:01 a.m. on the earlier (of: (b) The 90th day after the
	Signatur	Andres Typed or printed nan	Lopez	

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L24000234783 FILED 8:00 AM May 21, 2024 Sec. Of State klovelace

Article I

The name of the Limited Liability Company is: AVANTI LUXURY REMODELING LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4686 TRIBUTE TRL KISSIMMEE, FL. US 34746

The mailing address of the Limited Liability Company is:

4686 TRIBUTE TRL KISSIMMEE, FL. US 34746

Article III

The name and Florida street address of the registered agent is:

ANDRES LOPEZ 4686 TRIBUTE TRL KISSIMMEE, FL. 34746

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANDRES LOPEZ

Signature of member or an authorized representative

Electronic Signature: ANDRES LOPEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.