

L24000235631

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECURITY
TALLMADGE, OH 44884

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMODELING 1 A LLC

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:

SONIA S SIMANCA CASIANI

Name of Person

REMODELING 1 A LLC

Firm/Company

2523 NORTH CENTRAL AVENUE LOT 12

Address

KISSIMMEE , FL 34741

City/State and Zip Code

nelsondevilla15@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA S SIMANCA CASIANI 321 499-7215

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SONIA S SIMANCA CASIANI	2523 NORTH CENTRAL AVENUE	<input checked="" type="checkbox"/> Add
		LOT 12	<input type="checkbox"/> Remove
		KISSIMMEE , FL 34741	<input type="checkbox"/> Change
AMBR	NELSON DEL VILLAR RAMIRE	2523 NORTH CENTRAL AVENUE	<input type="checkbox"/> Add
		LOT 12	<input type="checkbox"/> Remove
		KISSIMMEE , FL 34741	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

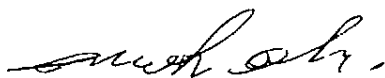
E. Effective date, if other than the date of filing: 11/01/2024 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 NOVEMBER 01, 2024



Signature of a member or authorized representative of a member

NELSON DEL VILLAR RAMIREZ

Typed or printed name of signee