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(Requestor's Name)
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PICK-UP WAIT MAIL
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08/18/24

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: Tier	- 5 Renodelin	ng LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dayne Le	Name of Person	
		emodeling LLC Firm/Company	
		Firm/Company	
	25 Sw 17.	th Ave Ant Ro	2
	75 000	th Ave Apt 30 Address	
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	Deertield B	City/State and Zin Code	<u></u>
	tran Chains	City/State and Zip Code deling a gmail. col to be used for future annual report notif	
	E-mail address. (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	fication)
Dave. Ha	hrís	954. 826-	
Name o	f Person	at (<u>954)</u> 826- Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
Mailing Address		Street Address:	ation.
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tier 5 Reodelin

company has been notified in writing of this change.

The Articles of Organization for this Limited Liability Compa	any were filed on $6-13-24$ and assigned
Florida document number <u>L 14000 169365</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
Tier 5 Remodeling LLC The new name must be distinguishable and comain the words "Limited Li	
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	the Levih Harris
New Registered Office Address: +5	SW 12th Ave Apt 307 Enter Florida street address
Deerf	Cold Beach Florida 33442
Now Panistared Agent's Signature if changing Pagistared Age	

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

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>	Name	Address	Type of Action
			□ Add
			□Remove
		 	🗆 Change
			🗆 Add
			□Remove
			Change
			□ Add
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iffective date, if other an effective date is listed. Note: If the date inserted accument's effective date.	a in this prock hoc	es not meet the ap	pucable stannory	or more than 90 days aft filing requirements, th	tional) er filing.) Pursuant to 60: nis date will not be list	- 5.0207 ted as
record specifies a delag d is filed.	ed effective date,	but not an effecti	ve time, at 12:01 a	.m. on the earlier of: (b) The 90th day after	er the
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Dated 8-7-2	•					
Dated 8-7-2	Park	Tur				

Filing Fee: \$25.00