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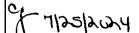
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2024 J. 16 U. 1 2: 10



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 30 Constantion & Lemadeling 44C 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:
Yaminka Pana Mondoz. Name of Person
3D Construction + Remodeling LCC.
331 Laurina St Apt 609 Address
Jacksonville, FL 32216. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Vanie Telephone Number Name of Person Vanie Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3D (CONSTRUCTION & REMODELING LLC	2024 J. 16 PH 5: 11
(<u>Name of the Lim</u>	Ited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited I		Q 28 2024 and assigned
Florida document number <u>L24000294</u>	. 600	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		***************************************
Mailing address MAY BE A POST OFFICE	<u></u>	
3. If amending the registered agent and/or		s, enter the name of the new regist
gent and/or the new registered office addre	ess nere:	
Name of New Registered Agent:	Yaff	
New Registered Office Address:	/ //	
	Enter Florida str	eet 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:

	nnager Ithorized Member		
<u>Title</u>	<u>Name</u>	Address 3316 avena ST. Apt. 600	Type of Action
AMBR	Jaminka Pena Hender	Address 331 Lourna ST. Apt. 600 Jacksonville, FL BZZ16.	€ LAdd
			□Remove
			Change
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Note: If t	date, if other than the date of filing: (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
e record sprd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 12 ¹⁴ , 2004 Signature of a member or authorized representative of a member Jamin Ka Pena Mendoe Typed or printed name of signee
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	Signature of a member or authorized representative of a member
	Your Kan Page 1 days
	Typed or printed name of signee