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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: SOUZA'S TAX & ACCOUNTING Account Name

Account Number : 120230000087 Phone : (321)895-4099 : (321)895-4099 Fax Number

\*\*Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.\*\*

Email Address: info@souzatax.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GMI HOME RENOVATION LLC

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K. SALY

OCT 2 8 2024

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 OCT 25 PM 8: 43
TALLAHASSEE, FLORIDA

GMI Home Renovation LLC		TALLAHASSEE STATE
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)	TALLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on <u>07/11/2024</u>	and assigned
Florida document number L24000311303		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "iL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	idress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	aZip Code
None Designation of the self-self-self-self-self-self-self-self-	•	•

## 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.

	, .	Page, 4 of 5
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2024-10-25 17:45 42 GMT

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To Page, 4 of 5 2024-10-25 17:45 42 GM1 13212555555 Page, 4 of 5 2024-10-25 17:45 42 GM1 13212555555 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
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·		Orlando, Fl. 32837	□Remove
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record s d is filed	specifies a delayed effe l.	ective date, bu	at not an effec	tive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day at	iter the
Pated _C	October_25th	- (l'.		24				
		Signature	old a manshar			1		
		J.E. J. C. C	арга теленест с	и витоихей цер	resentative of a m	ember		

Filing Fee: \$25.00