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Special Instructions to	Filing Officer.	
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COVER LETTER

· TO:

	egistration Se ivision of Co			
SUBJECT		FAST REMODELING SERVI	CES LLC	
SUBJECT	·	Name of Lir	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please retur	n all correspo	ondence concerning this matter	r to the following:	
		Carlos Antonio Hudiel Ca	4SCO	
			Name of Person	
		Hudiel Fast Remodeling S	Services LLC	
Firm/Company				
		1444 SW 6th St		
			Address	. 2
		Miami/Florida, 33135		
			City/State and Zip Code	
				<u> </u>
For further:	information c	e-mail address: (to be used for future annual report notifi	cation)
	onio Hudiel C		786 4267350	
	Name o		at ()	Telephone Number
	, value o	11013011	Area Code Daytinie	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)
	iling Address	_	Street Address: Peristration Section	tion
Registration Section Division of Corporations			Registration Sect Division of Corp	
	D. Box 632		The Centre of Ta	llahassee
la	llahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hudiel Fast Remodeling Services LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on July 12, 2024 and assigned
Florida document number L24000311751	
This amendment is submitted to amend the following:	
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 designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1444 SW 6th St. Miami, Florida 33135
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>
Enter new mailing address, if applicable:	1444 SW 6th St Miami, Florida 33135.
Mailing address MAY BE A POST OFFICE BOX)	
	Ξ
B. If amending the registered agent and/or registered offigent and/or the new registered office address here:	fice address on our records, enter the name of the new registor
	-
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

Zip Code

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
			□Add
			Remove
			□Change
			□ Add
			□ Remove
			□Change
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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Decord specifies a delayed effective	t be specific and cannot be priced to the application of State's record	or to date of filing or mor icable statutory filing : s.	e than 90 days after fili requirements, this d	ng.) Pursuant to 605.02(ate will not be listed a
is filed.		-, · · · · · · · · · · · · · · · ·	01. (0)	The 70th day and the
August 05 ted	. 2024	<u></u> .		
	Signature of a member or aut			