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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:

Registration Section

Division of Co	rporations					
DIEGORE	EMODELING LLC					
SUBJECT:	Name of Lin	mited Liability Company				
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
	JOSE A DE DIEGO CER	UTO				
		Name of Person		_		
		Firm/Company		- 5 K		
	10491 SW 15TH LN APT			H SEP		
		Address		- 至 2		
	MIAMI, FL 33174			SECRETARIOS ESTA		
		City/State and Zip Code		رسا ۱۹۰۰ ت ماتاب		
	JOSEDIEGOCERUT@GM					
		to be used for future annual report not	tification)			
or further information c	oncerning this matter, please c	all:				
OSE A DE DIEGO CEI	RUTO	786 586-3197 at ()				
Name of Person		Area Code Daytin	ne Telephone Number	-		
inclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &		
Mailing Address Registration S	Section	Street Address: Registration Se				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee, F			e Street, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
and assigned
obreviation "L.L.C."

3024 SEU
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e of the new registere
M 10: 07
(71
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 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>	Address	Type of Action
P	JOSE A DE DIEGO CERUTO	10491 SW 15TH LN, APT 205	
		MIAMI, FL 33174	
4.840.0			□Change
AMBR	JOSE A DE DIEGO CERUTO	10491 SW 15TH LN, APT 205	\ \ \
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocoument's effective date on the December 1.	t be specific ar ock does not	nd cannot be price meet the appli	icable statutory	g or more than 90 da filing requireme	_(optional) sys after filing nts, this date) .) Pursuant to 605 will not be fist	5.020 ed as
record specifies a delayed effective d is filed.	date, but no	ot an effective	time, at 12:01	a.m. on the earlie	rof:(b) Ti	ne 90th day after	r the
SEPTEMBER 18		2024					
	4×		- *				

Filing Foo: \$25.00