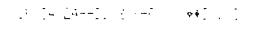
## L24000351743

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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## COVER LETTER

TO: Registration Se Division of Cor			1	
MINDEN	IODELING LLC		İ	
SUBJECT:			<u> </u>	
	Name of Lim	ited Liability Company	!	
The enclosed Articles of	Amendment and fec(s) are sub	mittad for Clina	*	
		-	4	
Please return all correspo	ndence concerning this matter	to the following:		
	SILVIA ALICIA GARCIA	A HERNANDEZ		
		Name of Person		
	M J V REMODELING LL	.C		
		Firm-Company		
Address				
	 	2(		
		City/State and Zip Code	-	2024 SEP
	Silviag_22@yahoo.com		•	
		to be used for future annual report notificat	ion)	30
For further information c	oncerning this matter, please c	all:		<u> </u>
SILVIA A GARCIA HE	RNANDEZ	321 299-8709	: -	
Name o	f Person		lephone Number	<del>-</del> <del>-</del>
Enclosed is a check for the	ne following amount:			
□ S25.00 Filing Fee	≅ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing F	For
2 323.00 1 Hing 1 CC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Copy (additional copy i	Status & y
			:	
<u>Mailing Addres</u>		Street Address:		
Registration S	Section	Registration Section	on rations	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite \$10
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M J V REMODELING LLC

( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	)	<del></del>	
The Articles of Organization for this Limited Liab	ility Company were filed on 09/30/2024	09/30/2024 and assigned		
Florida document number L24000351743				-
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbrev	iation "L.L	C."
Enter new principal offices address, if applicab	le:		2	_ <del></del>
(Principal office address MUST BE A STREET.	ADDRESS)		<b>20</b> 24	
			[1] (S)	: ,
			30	
Enter new mailing address, if applicable:		: .	<u> </u>	•
(Mailing address MAY BE A POST OFFICE BO	27)			 توسط
Muning dudress MAT BE AT OST OFFICE BE	2.11	:		
B. If amending the registered agent and/or reg agent and/or the new registered office address		<u>he name of</u>	the new	registered
Name of New Registered Agent:	<u> </u>		<u> </u>	
New Registered Office Address:	Enter Florida street address		<del></del>	
	Enter Prortia sirees titus iss			
	Cin:	rida	Zip Code	
New Registered Agent's Signature, if changing Re-				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of the change in	agent and agree to act in this capacity. I fur and complete performance of my duties, and ered agent as provided for in Chapter 603, F gistered office address, I hereby confirm tha	d I am fam F.S. Or, if t	iliar witi his docu	h and ment is
	If Changing Projetored Agent Signature of	New Registr	red Agen	t

If amending Authorized Person(s) authorized to manage, enter the title, name, and address o	f each person being added
or removed from our records:	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Silvia A. Garcia Hernandez	7104 HARWICK DR,	│ │ │ │ │ │ │ │ │
		ORLANDO, FL 32818	■ Remove
AMBR	Hernan Martinez Mendoza	7104 HARWICK DR.	☐ Change
		7109 FORWICK DR.	Add
		ORLANDO, FL 32818	22 Remove
			ZERemove  - SE PChange
			/, <u>=</u> Add
			Remove
			□ Change
			□ CAdd
			Remove
			□Change
			Remove
			□Add
			□Remove

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				(onti	onal)	
Effective date, if other than the date if an effective date is listed, the date must be	specific and cannot	be prior to date of	of filing or more	han 90 days afte	r filing.) Purs	uant to 605.02
Note: If the date inserted in this block document's effective date on the Depart	does not meet the riment of State's	e applicable su records.	mitory ming re	quirements, un	S QAIC WILL	not be fished
e record specifies a delayed effective da rd is filed.	ite, but not an eff	ective time, at	12:01 a.m. on t	he earlier of: ()	o) The 901	h day after ti
Dated September 30	202	4				
i) and on						
<u> </u>	mature of a membe	r or authorized r	opresentative of	a member		
Silvia A. Garcia Hernandez						
	1					

Filing Fee: \$25.00