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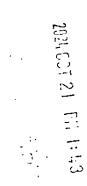
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	ING USA, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ALVAREZ ROQUE, ELE	DIS	
		Name of Person	
		Firm/Company	
	15734 NW 40TH CT		
		Address	
	MIAMI GARĐENS, FL 3	3054	
	info@traviesoassociates.co	City/State and Zip Code	
	-	to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all:	
ALVAREZ ROQUE, ELI	DIS	786 458-6617 at ()	
Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Se Division of Co	
P.O. Box 6323	-	The Centre of	-
Tallahassee F			oe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMODELING USA, LLC

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on or mited Liability Company)	ir records.)	F. 1.10
The Articles of Organization for this Limited Liability Con	npany were filed on 10/14/202	741	_ and assigned
Florida document number L24000438567			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designate	ion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u></u>		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
	ec 11		mus .
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	Hice address on our records	s, enter the name o	of the new registered
Name of New Registered Agent:			
New Providend Office Address			
New Registered Office Address:	Enter Florida stre	et address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen- being filed to merely reflect a change in the registered of	plete performance of my du it as provided for in Chapte	ities, and I am fan er 605, F.S. Or, if i	ulliar with and this document is
company has been notified in writing of this change.	We	,	

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>	<u>Address</u>	Type of Action
AMBR	ALVAREZ ROQUE, ELDIS	15734 NW 40TH CT	□Add
		MIAMI GARDENS, Fl. 33054	□ Remove
		-	= Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
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			□Change

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		<u> </u>	

ctive date, if other than the			(optional)
	ock does not meet the applicable		0 days after filing.) Pursuant to 605.02 ments, this date will not be listed
ord specifies a delayed effective filed.	edate, but not an effective time.	, at 12:01 a.m. on the ea	rlier of; (b) The 90th day after th
October 17	2024		
····		•	

Typed or printed name of signee