## L25000086899

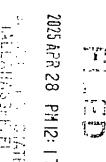
	(Requestor's Name)	
	(Address)	
	(,	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
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	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of \$	Status
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Special Instructions	s to Filing Officer.	
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Office Use Only



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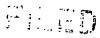
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OROGZ REMODELATION LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE ANGEL ORDAZ CARBALLO Name of Person
ORDAZ REMODELATION LLC Firm/Company
5700 W 13th AUE
HIALEAH FL 33012
ORDAZ CARBALW JUSE ANGEL & GHAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sose ANOEL ORDAZ at (766) 343 7744  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ORDAZ REHODELATION	UC	2025 APR 28 PM 12: 17
(Name of the Limited Liability Compan (A Florida Limited Li		cords.)
The Articles of Organization for this Limited Liability Company v	vere filed on $\frac{0}{2}$	0/2025 and assigned
Florida document number <u>L75000086899</u> .	,	,
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 "l	.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	City	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties.	, and I am familiar with and

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:

	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUSE ANGEL DEDI	12 CARBALLO STOO W	13th AVE BAND
		HIALEAN, FL	33017 Remove
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effect <u>e:</u> If	date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to date of fil the date inserted in this block does not meet the applicable statute is effective date on the Department of State's records.	
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of; (b) The 90th day after the
ed	04/20/2025	
	Signature of a member or authorized repres	sentative of a member