

L16000142299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

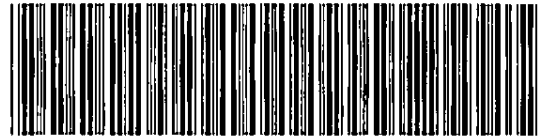
(Business Entity Name)

(Document Number)

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State of Michigan  
Department of State  
Office of the Secretary of State

18 OCT - 1 PM 2:00

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OCT 18 2018  
T SCHROEDER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DURABLE RENOVATIONS, 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:

MELISSA GOMEZ-PALMA

Name of Person

DURABLE RENOVATIONS, LLC

Firm/Company

717 CREEKWATER TERRACE #215

Address

LAKE MARY, FL 32746

City/State and Zip Code

mmgomez@durablerenovations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA GOMEZ-PALMA

321      230-0192  
at (      )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DURABLE RENOVATIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 29, 2016 and assigned Florida document number L16000142299.

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:

717 Creekwater Terrace #215

**(Principal office address MUST BE A STREET ADDRESS)**

Lake Mary, FL 32746

Enter new mailing address, if applicable:

PO BOX 953173

**(Mailing address MAY BE A POST OFFICE BOX)**

Lake Mary, FL 32795

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address:

717 Creekwater Terrace #215

*Enter Florida street address*

Lake Mary

Florida 32746

*City*

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

18 OCT - 11:00 PM  
 FILED  
 STATE OF CALIFORNIA  
 COUNTY OF LOS ANGELES  
 DEPARTMENT OF PUBLIC WORKS  
 1100 N. GARDEN ST. 10TH FLOOR  
 LOS ANGELES, CA 90012

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

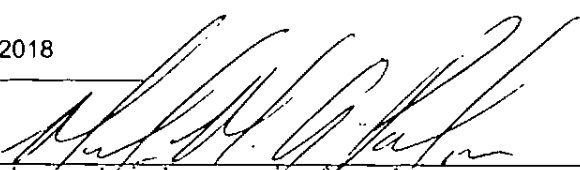
Multiple horizontal lines for amending information.

FILED  
18 OCT 11 PM 2:00  
NOT RECORDED

F. Effective date, if other than the date of filing: 07/01/2018 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 12 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MELISSA M. GOMEZ-PALMA  
\_\_\_\_\_  
Typed or printed name of signee