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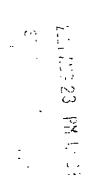
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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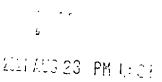
COVER LETTER

	ration Sec on of Corp				
Oi SUBJECT:	n Point Dec	cking & Renovations, LLC.	•		
		Name of Lim	ited Liability Company		
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for tiling.		
Please return all	l correspon	dence concerning this matter	to the following:		
		Karen Lowdermilk			
			Name of Person		
		On Point Decking & Renov	vations, LLC.		
			Firm/Company		
	1502 Beatrice Drive				
			Address		
		Orlando, Fl. 32810			
			City/State and Zip Code		
		onpointpm1@gmail.com			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For further infor	rmation co	ncerning this matter, please ca	ill:		
Karen Lowdern			407 228-2142 at ()		
	Name of I	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a ch	eck for the	following amount:			
□ \$ 25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



On Point Decking & 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 $\frac{6/24/17}{6}$ ______ and assigned Florida document number L17000137738 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: On Point Property Maintenance & Renovations, LLC. 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

_____, Florida ______ Zip Code 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
MGR	Jason Lowdermilk	1502 Beatrice Drive	□Add
		Orlando, Fl. 32810	■Remove
			□Change
			□ Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			🖸 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			∏Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
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 August 16 2021.
Dated August 16 2021 Koven Of Journal Signature of a member or authorized representative of a member Karen Lowdermilk Typed or printed name of signee
Karen Lowdermilk Typed or printed name of signee

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Filing Fee: \$25.00