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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: change Name - from Shutter Doctor to Dents gone!  
(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:

Rafael Daniel Castro  
(Name of Person)  
Shutter Doctor  
(Firm/Company)  
128 SW 8th Pl  
(Address)  
Cape Coral, FL 33991  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Rafael D Castro at 239 458-8298  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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 (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

*Shutter Doctor LLC*

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 6/17/07 and assigned  
document number LO5000068095.

SECOND: This amendment is submitted to amend the following:

*name change,  
I would like change it to  
(Dents gone LLC) instead of Shutter  
Doctor, its a non construction company*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

6/17/07

*Rafael D Castro*

Signature of a member or authorized representative of a member

*Rafael D Castro*

Typed or printed name of signee