## L09000003459

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## **COVER LETTER**

то:	Registration Se Division of Cor		•	v •
ou <b>n ir</b>		TOM STAINLESS LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		NORMAN J TODD		
			Name of Person	
		D&S CUSTOM STAINLE	ESS	
			Firm/Company	
		5427 ASHTON COURT		
			Address	
		SARSOTA, FL 34233		
	•	. KERRIE@DSCUSTOMST	City/State and Zip Code AINLESS.COM	
		E-mail address: (	to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please c	ail:	
KERRI	E MILEY		941 923-6423 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fee	S30.00 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 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&S CUSTOM STAINLESS LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number L09000003459  This amendment is submitted to amend the following:	were filed on 01/12/2009	and assigned
-	Hito common bour.	
A. If amending name, enter the new name of the limited liabi	my company nere:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Спу	zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

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
MGR	DARRELL J BROWN	5427 ASHTON CT SARASOTA, FL 34233	
			■ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
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		<del></del>	☐ Remove
			Change
			Add*
			Add.
			∵° Change

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(If an e <u>Note</u> :	ctive date, if other than the date of filing:  5/10/202 (optional)  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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
f the re b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
Dated	May 12 2021
24.00	
	Signature of a number or authorized representative of a member
	Norman 1 Todd

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Typed or printed name of signec

Filing Fee: \$25.00