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G. MCLEOD
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EXAMINER



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11 FEB 22 AN II: 56
SECRETARY OF STATE
TALLAHASSEE, FLORID.

## **COVER LETTER**

	_	on of Corp							
SUBJEC	ст: _	AAA	HOME	<i>IMPLOVE</i> Name of Lin	MENT nited Liabilit	SOLLITA y Company	ONS C	uc	
The enclo	osed A	rticles of A	Amendment a	nd fee(s) are su	ıbmitted for	filing.			
Please ret	turn al	l correspoi	ndence concer	ning this matte	er to the follo	owing:			
			JE	381E '	PADILL Name	A e of Person			<b></b>
			DEB	RIE'S A	COON Firm	ITT HEY /Company	<u>SERUK</u>	E INC	_
	3575 Southside Blud Address							_	
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			VALKE	SONVILLE	E, FLO	ZIDA	3221	6	<del>-</del>
				SONVILLE SESSIE DE E-mail address:	City/State	and Zip Code  2 @ QQ  or future annual	5/. COM report notificat	ion)	
For furth	er info	ormation co		matter, please					
	lessi	e Pe	icli114	<u></u>	at (	904) 73	33 - 454°	7	۸ <sup>4</sup> -
		Name of	Person			Area Cod	e & Daytime 10	elephone Numb	er
Enclosed	lisac	heck for th	e following a	mount:					
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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

DM) RENTALS LLC (Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)						
The Articles of Organization for this Limited Liability Company vi							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabil	lity company here:						
AAA HOME IMPROVEMENT 3	SOLUTIONS LLC						
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation						
Enter new principal offices address, if applicable:	NA						
(Principal office address MUST BE A STREET ADDRESS)							
	ACE =						
Enter new mailing address, if applicable:	SSR 22						
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>						
•	PAIE S						
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	nce address on our records, enter the name of the new						
registered agent and/or the new registered office address here	i•						
Name of New Registered Agent:	HA						
New Registered Office Address:  Enter Florida street address							
•	, Florida						
	City Zip Code						
New Projectured Agent's Signature if changing Projectured Agents							

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 608.4.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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> Address DAVID M. IZVIN ☐ Add MGRM Remove STAU THE SAME ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OND BISINESS HAME DIMI DENTALS LIC HEW BUSINESS HAME PAA HOME IMPROVEMENT SOLUTIONS, LLC Signature of a member or authorized representative of a member /ZUIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00