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COVER LETTER

TO: Registration So Division of Cor		_	
Mess-Erase	er LLC	***	
SUBJECT:	Name of Lim	ited Liability Company	
// 1 1 A - 1 1 C	16.42	united for Elica	
	Amendment and fee(s) are sub- ondence concerning this matter		
	David Messenger		
		Name of Person	
	Mess-Eraser LLC		
		Firm/Company	
	206 NE 16th Terrace		
		Address	
	Cape Coral FL 33909		
	DEM Parairella@amail.com	City/State and Zip Code	
	DEM.Repairsllc@gmail.coi E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
David Messenger		239 784-5567	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Englaced is a check for t	he fallowing amount:		
Enclosed is a check for t ☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,
= 323.00 1 mig r cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Con	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mess-Eraser 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 $\frac{11/21/2011}{1}$ Florida document number L11000132533 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: D.E.M Repairs LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 206 NE 16 th Terrace Enter new principal offices address, if applicable: Cape Coral FL 33909 (Principal office address MUST BE A STREET ADDRESS) 206 NE 16th Terrace Enter new mailing address, if applicable: Cape Coral FL 33909 (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: 206 NE 16th Terrace New Registered Office Address: Enter Florida street address , Florida 33909
Zip Code Cape Coral City

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
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Tective date, if other than than effective date is listed, the date in ote: If the date inserted in this locument's effective date on the	block does not meet the ap	oplicable statutory fili	optiona (optiona) one than 90 days after filing requirements, this date	l) g.) Pursuant to 605,0207 (g. will not be listed as t
record specifies a delayed effect is filed.	ive date, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
August 8	2020			
	1 -			
David	Signature of a member or,	Athorized representative	e of a member	

Filing Fee: \$25.00