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SECRETARY OF STATE
TALLAHASSEF, FI OBIN.

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D& V Renovations LLC 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:
Goardys DiAZ Valla dares Name of Person
D&V Renovations LLC Firm/Company
2940 Oak Run Blud Address
Kissimmel Florida 34744 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daylen Gonzalez at (407) 414 6032 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \Bigcup \\$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

D&U Rence	OVA 10 Liability Compan Florida Limited L	n LLC IV as it now appear iability Company)	s on our records	r)		
The Articles of Organization for this Limited Liab Florida document number	ility Company v 3 9 21 7	were filed on	03/2/	12012 :	and assigned	
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	inst is submitted to amend the following: Ing name, enter the new name of the limited liability company here: Instituted Liability Company," the designation "LLC" or the abbreviation "LLC." Inscipal offices address, if applicable: Instituted Liability Company," the designation "LLC" or the abbreviation "LLC." Inscipal offices address, if applicable: Instituted Liability Company," the designation "LLC" or the abbreviation "LLC." Inscipal offices address, if applicable: Instituted Liability Company here: Instituted Liability Company, "the designation "LLC" or the abbreviation "LLC					
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the d	esignation "LLC"	or the abbrevia	ition "L.L.C."	
Enter new principal offices address, if applicabl (<u>Principal office address MUST BE A STREET</u>		2940 Kissin	Oak	Run FC 3	Blud	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	2940 Kissin	Dak	Run FL 34	BWd 1744	
			our records	enter the	Soft The	new
Name of New Registered Agent:	<u> Ya</u>	pandys	DIAZ	Vall	adabe	Stranger 1
New Registered Office Address:	2940	Ook Enter Flor	KUN ! ida street address	Blvd	<u> </u>	_!"!
	1Cissi	MN 2		rida 3	44	- -
		City		Zij	Code	

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

Page 1 of 3

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 Title Name **Address Type of Action** MGR Goandys DiAz Valladares

2940 Oak Pun Blud

Hissinmee, FL 34744 □ Remove Change MGRH Dayler gonzalez 2940 Oak Run Bludge Add
Kissimmer FL 3474 Gremove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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ive date, if other than the date of filing: 10 15 15 16 15 16 15 17 16 18 18 19 19 19 19 10 19	(optional) r more than 90 days after filing.) Pursuant t ling requirements, this date will not be	to 605.0207 (3 e listed as th
cord specifies a delayed effective date, but not an effective 90th day after the record is filed.	e time, at 12:01 a.m. on the e	arlier of:
12/27/15 2215		
10/27/15 . 2015 . Signature of a member for authorized representat		

Page 3 of 3

Filing Fee: \$25.00