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COVER LETTER

TO:

Registration Section

Division of C	orporations		
	ENOVATIONS, LLC		ł
SUBJECT:	Name of Lit	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	DALGLEISH CADETTE	:	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	DMC RENOVATIONS,	LLC	
		Firm/Company	 -
	54 PELICAN LN		
	,	Address	
	BIG PINE, FL 33043		
		City/State and Zip Code	
	DJ@CADCON-SERVICE		
		to be used for future annual report not	tification)
For further information	concerning this matter, please of	all:	
DALGLEISH CADET	TE	954 439-6908 at ()	
Name	of Person	Area Code Daytin	ne 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMC RENOVATIONS, 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 03/30/2012 and assigned Florida document number L12000044017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CADCON SERVICES, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address _ Florida _

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.

City

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>	Address	Type of Action
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			Remove
			Change
			□Add
			Change
			□Add
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ffective date, if other than the of an effective date is listed, the date must	date of filing:	se prior to date of fili	ng or more than 90 d	_ (optional)	u to 605 0307
Note: If the date inserted in this blo	ick does not meet the	applicable statutor	ry filing requireme	ents, this date will not	be listed as
locument's effective date on the De	partment of State's re	cords.			
record specifies a delayed effective	date, but not an effec	ctive time, at 12:01	a.m. on the earlie	er of: (b) The 90th d	ay after the
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Filing Fee: \$25.00