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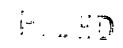
TO:

Registration Section

**Division of Corporations D&D CONSTRUCTION LLC** SUBJECT: \_ 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: Sharon Williams Name of Person **D&D CONSTRUCTION LLC** Firm/Company 12200 W. Colonial Dr - Suite 303 Address Winter Garden, FL 34787 City/State and Zip Code sharon@exchangeplace.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Annette Gayle Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



**D&D CONSTRUCTION LLC** 

2023 JUH 15 AM 7: 32

(Name of the Lim	ited Liability Company as it now appears on our re	ecords.). Unit
	ited Liability Company as it now appears on our re (A Florida Limited Liability Company)	MILL ALSEEPE
The Articles of Organization for this Limited I	Liability Company were filed on 9/19/2012	and assigned
Florida document number L12000119888		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
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 appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	·
	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or		nter the name of the new regist
gent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	Jacob Williams	
Name of New Registered Agent.		<del></del>
New Registered Office Address:	Enter Florida street a	J.J
	Enier riorida street d	auress
		, Florida Zip Code
	City	Zip 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

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
MGRM	Jacob Williams	12200 W. Colonial Dr.	□Add
		Winter Garden, FL 34787	□Remove
			■Change
MGRM Sharon Williams	Sharon Williams	12200 W. Colonial Dr - Suite 303	□Add
		Winter Garden, FL 34787	□Remove
		<del></del>	<b>≣</b> Change
MGR	Joannah Williams		□Add
			■Remove
<del></del>			□Add
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fan effe <u>Note:</u>	tive date, if other than the date of filing:
record d is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated	une 14 2023
Jalea .	
	- 1- ( )
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00