43000098988

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
entified Copies Certificates of Status
Special Instructions to Filing Officer.
Office Use Only



400319729424

16/17/18--01028--030 **60.00



COVER.LETTER

TO: Registration Division of	on Section Corporations		
SUBJECT:) BN Renc	OVATIONS L. L.	C
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Vannet	Name of Person	
	D B N	Renovations,	L.L.C
	1371 Ka	rok Street	
	Orlando	FI 32828 City/State and Zip Code	
	Manual Address: (to be used for future annual report notifi	COM (cation)
For further informat	ion concerning this matter, please c	all:	
Vann	e+ Mau	at (407) 535- Area Code Daytime	-8464 Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ee ☐ \$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 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

U \$ N Kenova-	hons, L.L	Morde)
(Name of the Limited Liability Com (A Florida Limited		
The Articles of Organization for this Limited Liability Compan	y were filed on Oct. 3	2018 and assigned
Florida document number L 130000989	88	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	<u>-</u>	5 10
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered	office address on our rec	ords enter the name of the new
egistered agent and/or the new registered office address he		oros, enter the name or the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
Pagistared Agent's Signature if changing Degistered Agen	* •	

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any 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
MGR	Daniel Carrigan	1371 Karok Street	(X Add
	•	1371 Karok Street Orlando Fl 32828	Remove
			Change
			□ Remove
			□ Change
			
			☐ Remove
			Change
			
			Remove
			Chunge
			Remove
			Change
			🗆 Add
			🗆 Remove
			□ Change

	1 1 - 1 - 11
and Daniel Carrigan	
like to be put as ou	·
DBN Renovations, L	
not possible then K	· •
as owner and put Do	
manager or Preside	nt.
	Thank you
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	, , , , , , , , , , , , , , , , , , , ,
	72
	
tive date, if other than the date of filing: Diective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records. State second specifies a delayed effective date, but not are 90th day after the record is filed.	e statutory filing requirements, this date will not be listed a
Oct. 3rd 2018	ed representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00