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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMART TAX Account Number : I20090000034 Phone : (954)782-3610 Fax Number : (954)366-3239

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DWELL FINISH LLC

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DWELL FINISH LLC							
(Name of the Limited Liability Company (A Florida Limited Liab	as it new appears on our records,) illity Company)						
The Articles of Organization for this Limited Liability Company we Florida document number L13000101933	ere filed on 07/18/2013 and assigned.	:d					
This amendment is submitted to amend the following:							
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 applicable:	क						
(Principal office address MUST BE A STREET ADDRESS)	00	·					
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	72 1.	٠٠٠ ناه					
Enter new mailing address, if applicable:		<del></del> ;					
(Mailing address MAY BE A POST OFFICE BOX)	N-						
		<u> </u>					
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of t	he new					
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
	, Florida						
	Clty 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>	Address	Type of Action
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