L17000175745

(Re	equestor's Name)	
(Ac	ddress)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
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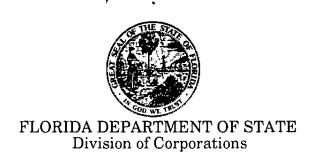


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September 3, 2015

DAVID SMITH 339 FLORIDA AVE WINTER GARDEN, FL 34787

SUBJECT: DAVE'S RENOVATION SERVICES LLC

Ref. Number: L13000135345

We have received your document for DAVE'S RENOVATION SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00018706

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:			1 3 4 1 8 P	**
A		novation Services, LLC		
To: Registration Section Division of Corporations Dave's Renovation Services, 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: David Smith Name of Person Dave's Renovation Services, LLC Firm/Company 339 florida ave Address winter garden/fl/34787 City/State and Zip Code danddrenovationserviceslle.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Smith Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{\$\text{\$\text{\$S\$}}\$\text{\$\				
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		David Smith		
		***************************************	Name of Person	
		Dave's Renovation Serv	ices, LLC	
			Firm/Company	
		339 florida ave		
		·	Address	· · · · · · · · · · · · · · · · · · ·
		winter garden/fl/34787		
			· · · · · · · · · · · · · · · · · · ·	
			•	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
David	l Smith		,	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
☐ \$ 2	25.00 Filing Fee		Certified Copy	Certificate of Status &

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

Dave's Renovation Services, LLC				
(Name of the Limit	ed Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number L13000135345	ability Company	were filed on 09/24/2013	and assigned	
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liab	pility company here:		
D and D Renovation Services, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if application	able:	1611 red ruffle court	_	
(Principal office address MUST BE A STREET ADDRESS)		gotha, fl 34734		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		339 florida ave. winter garden, fl 34787		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			r the name of the n	
New Registered Office Address:		Enter Florida street address	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
		, Florida		
No. Design of Co.		City	Zm Code	
New Registered Agent's Signature, if changing R				
I hereby accept the appointment as registered		· · · · · · · · · · · · · · · · · · ·		

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
AMBR	Danny Smith	339 florida ave.	E Add
		winter garden	□ Remove
		fl, 34787	☐ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
	•		☐ Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	uirements, this date will not be li	605.02 isted :
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	, at 12:01 a.m. on the ear	rlier
Dated August, 29 , 2015		

Page 3 of 3

Filing Fee: \$25.00