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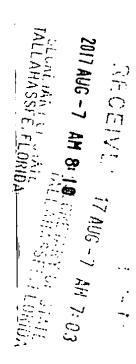
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Cor			1	
SUBJECT: <u>Jo</u>	+ Out Home Name of Lin	Improvement of nited Liability Company	DNWFL, LLC	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	,	
Please return all correspo	ondence concerning this matter	to the following:		
		C Hernandez Name of Person		
	In+Out -	tome Improvem	ent of NWFL, LLC	
	Po Bo	OX 4432 / 10 Address	ent of NWFL, LLC 8 Ferry Rd NE FWB FL 3 254	/ <u>g</u>
			<u>32549</u>	_
	L L	Here yahoo. Co	nication)	
or further information co	oncerning this matter, please c	aff:	1	
IS.aa.c. F	Jernandez Person	at (<u>\$50</u>) <u>225</u> Area Code Daytimo	5-7975 e Telephone Number	
inclosed is a check for th	e following amount:			
\$25,00 Fiting Fee	S30.00 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)	
Registra Divisio P.O. Bo	NG ADDRESS: ution Section to of Corporations ox 6327 ssec, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21512014 The Articles of Organization for this Limited Liability Company were filed on Florida document number 1140000 21803. 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 "LLC" 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

If Changing Registered Agent, Signature of New Registered Agent

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

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 = Man AMBR = Autl	ager torized Member			
Title	Name		Address	Type of Action
AP Authori:	-Kimberly Heazed Person	enandez	108 Ferry Rd NE Fort Waldon Beh, FL 3254	Add Remove
				□ Change□ Add□ Remove
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Page 3 of 3

Filing Fee: \$25.00