L15000002905

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Régistration Se Division of Cor			
Wayne S	Straley "LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	-	
	Wayne Straley		
		Name of Person	
	DRS Home Improve	ment "LLC	
		Firm/Company	
	1574 Waldorf Cir N.I	E	
		Address	
	Palm Bay, Fl.32905		
	wstraley68@gmail.co	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Wayne Straley		407 963-7411	
Name of	Person		Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$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

Wayne Straley "LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000002905	were filed on <u>1-6-2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DRS Home Improvements "LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:	DRS Home Improvements "LLC	:
(Principal office address MUST BE A STREET ADDRESS)	1574 Waldorf Cir. N.E.	
	Palm Bay, Fl.32905	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ne name of the
Name of New Registered Agent:	ASS	4
New Registered Office Address:	Enter Florida street address	
	, Florida 🚉	
	City Sir	-Zip €o de
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** _□ Add _□ Remove ☐ Add ____ □ Remove □ Add ☐ Remove □ Add Remove __ _ Add

			
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effective date must be specific, ca	ne date of filing: nnot be prior to date of receipt or file	d date and cannot be more than 90 days a	onal) after
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Page 3 of 3

Filing Fee: \$25.00

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