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(Req	uestor's Name))
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(City/	State/Zip/Phon	ne #)
	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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R. WHITE

COVER LETTER

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TO: Registration Se Division of Cor			
SUBJECT: Den	Sales 3D Rove Name of Lin	tering + LLC nited Etability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
		4. Sone 5 Name of Person	<u> </u>
	Dewsales	30 Routing t	, 440
	6258	Kurt St.	
	Brooks	ille FL, 3460	,4
	Sales @ E-mail address:	City/State and Zip Code Oewsales. Com (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please o		
Dewey by Name of	Ferson	at (352) 277 - Area Code Daytime	5088 or 397- 7628 Telephone Number
Enclosed is a check for the	e 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)

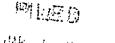
MAILING ADDRESS:

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



Dewsdes	30	Routering	+	246 M	Ą ^ś
(Name o				appears on our records.)	£
	(,	A Florida Limited Liabi	lity Con	ipany)	

(A I	Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L 15 0000 110</u>	lity Company were filed on $1-20-2015$ and assigned 92 .
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City 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 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 Title Type of Action <u>Name</u> <u>Address</u> AMBR Raymond G. Frost 14440 mokking wren Rd Add

Weeki Wachee Fl 34614 Remove ☐ Remove ____ Remove _____ Remove ____ Remove _____ □ Remove

		,
The effective date must be	er than the date of filing: specific, cannot be prior to date of receipt or filed date and collect by the Florida Department of State)	(optional) annot be more than 90 days after
The effective date must be the date this document is	specific, cannot be prior to date of receipt or filed date and o	(optional) annot be more than 90 days after
The effective date must be the date this document is	specific, cannot be prior to date of receipt or filed date and o	(optional) annot be more than 90 days after
(The effective date must be	specific, cannot be prior to date of receipt or filed date and o	annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00