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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: <u>Dawso</u> ∩	Property Preserva Name of Limit	tion Services, LL of the Liability Company	<u>C</u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Sr.  Name of Person  Firm/Company	
	,	Firm/Company  Of, #26/05/  Address	
	Tumpy FL 2mrdawson@gm E-mail address: (1	33685 City/State and Zip Code (a) . (5+17) To be used for future annual report	t notification)
For further information con	ncerning this matter, please ca		
Lee Dawson Name of	Sr., Person	at ( <u>7/3</u> ) 5.  Area Code Da	26 - 675 6 Oytime Telephone Number
Enclosed is a check for the	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)
MAILE	NG ADDRESS:	STREET/CO	URIER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dawson Property Preser (Name of the Limited)	vation Services,	LLC	
( <u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liab		3/26/2015	and assigned
Florida document number <u>L 1<b>5</b>000</u> 05 398 <b>1</b>	<del>)</del> .		
This amendment is submitted to amend the follow	ing.		
A. If amending name, enter the new name of the	e limited liability company	here:	17 H
The new name must be distinguishable and contain the word	ls "Limited Liability Company," th	ne designation "LLC" or the a	bbreviation 1.1.20.
Enter new principal offices address, if applicable	•		- T - T
(Principal office address MUST BE A STREET)	ADDRESS)	· <del></del>	1
			ibbreviation II. 1907
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 offic		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter i	Florida street address	
-	<u> </u>	, 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 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	Lee Andrew Dawson Sr.	P.O. Box 26/65/ Tumpa FZ 33685	Add
			□ Remove
			Change
AMBR	Holliwood Lee Dawson S.	P.O. Box 26/65/ Tumpa FC 33685	
		Holliwood Lee Dawson Sr.	Remove
			Change
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•		
(If an ef Note:	date, if other than the date of filing:  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date 's effective date on the Department of State's records.	ng.) Pursuant to 605.0207 (3)
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	. on the earlier of:
Dated	8 11 2017	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00