L160000056929

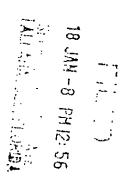
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COVER LETTER

то:	Registrati Division o	я Section Corporations				
eub le		and Remodeling Solutions, LLC				
SUBJE	Name of Limited Liability Company					
The end	losed Artic	s of Amendment and fee(s) are submitted for filing.				
Please r	eturn all co	espondence concerning this matter to the following:				
		Susan O'Brien				
		Name of Person				
		Design and Remodeling Solutions, LCC				
		Firm/Company				
	Susan O'Brien Name of Person Design and Remodeling Solutions, LCC Firm/Company 752 Commerce Dr. Suite 7 Address Venice FL 34292 City/State and Zip Code susan@drsfl.co E-mail address: (to be used for future annual report notification)					
		Address				
For furt Susan Enclose		Venice FL 34292				
		City/State and Zip Code				
		-				
		E-mail address: (to be used for future annual report notification)				
For furt	her informa	on concerning this matter, please call:				
Susan	O'Brien	941 412-4753 at ()				
	N	me of Person Area Code Daytime Telephone Number	•			
Enclose	ed is a check	for the following amount:				
\$25	5.00 Filing F	e 🗆 \$30.00 Filing Fee & 🗆 \$55.00 Filing Fee & 🗆 \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &			

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

Design and Remodeling Solutions, LLC		
(<u>Name of the Limited Liab</u> i (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000056929	Company were filed on March 31, 2015	and assigned
This amendment is submitted to amend the following:	<u> </u>	JAN -8 PH D
A. If amending name, enter the new name of the lin	nited liability company here:	型し
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	 	-
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Patrick C. Mack	1080 Calgary Rd.	\ Add
		North Port, FL 34288	☐ Remove
			☐ Change
			□ A de de de la companya de la comp
			□ Change S
			Remove
			☐ Change
			
			Remove
			☐ Change
	·		Add
			☐ Remove
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		<u></u>	□ Remove

_□ Change

Effective date, if other than the date of filing:	·,						
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Page 3 of 3

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