(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SWARREN



May 4, 2016

HECTOR D. SANCHEZ 549 SAM CHASE PL ORANGE PARK, FL 32073

SUBJECT: DEE REMODELING, PAINTING & MORE LLC

Ref. Number: L16000019833

We have received your document for DEE REMODELING, PAINTING & MORE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P14000082113 HS PAINTING AND REMODELING, CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 016A00009350

## COVER LETTER

SW

TO: Registration Se Division of Cor				
SUBJECT:	ee Remodel	ited Listollity Company	+ More Ll	<u>'</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		TALLAHA
Please return all correspo	ndence concerning this matter	to the following:		
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For Codhania Commission as	_		mitationy	
For further information co	oncerning this matter, please ca	aii;	,	
HECTOR Y	SAnchez	at (904) 44	2-1049	
Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filin Certificate	ng Fee, of Status &

MAILING ADDRESS:

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

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF	
Dee Remodeling Pair (Name of the Limited Liability Company as	thing + More LEE = TI
(A Florida Limited Liabili	ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 16 000b 19833</u>	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability.  H. S. Remode ling + Pain:  The new name must be distinguishable and contain the words "Limited Liability Co  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ting LC
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent: Hector  New Registered Office Address: 549 S	Sanchez am Chase Pl
Orange f	Enter Florida street address  Or L., Florida 32013  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 = M $AMBR = A$	fanager Authorized Member		
<u>Title</u>	Name (	Address	Type of Action
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Filing Fee: \$25.00