L16 0000 72607

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COVER LETTER

	Divi	sion of Corp	orations			
SII	вјест:		modeling LLC			
50	DJECT		Name of Limit	ted Liability Company		
Th	e enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Ple	ase return	all correspon	dence concerning this matter t	o the following:		
			My Corporation Business S	services, Inc.		
				Name of Person		-
				Firm/Company		-
			23586 Calabasas Road, Sui	te 102		
			A RESIDENCE OF THE PARTY OF THE	Address		-
			Calabasas, CA 91302			
			-	City/State and Zip Code		
			processing@mycorporation.			
			E-mail address: (to	o be used for future annual re	eport notification)	
Fo	further in	formation co	ncerning this matter, please ca	11:		
M	y Corporat	ion Business	Services, Inc.	at ()	-6772	
		Name of	Person	Area Code	Daytime Telephone Numbe	r
En	closed is a	check for the	e following amount:			
	\$25.00 Fi	lling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica osed) Certified	ate of Status &

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

TO:

Registration Section

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

J.DOBSON REMODELING		
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) ipany)	
The Articles of Organization for this Limited Liability Company were filed	on <u>04/14/2016</u> and assigne	ed
Florida document number L16000072607		
This amendment is submitted to amend the following:		
1. If amending name, enter the new name of the limited liability compa	any here;	
J. Dobson LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,	"," the designation "LLC" or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	16	
Mailing address MAY BE A POST OFFICE BOX)		
	3 57 −	
	<u> </u>	
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of t	he n
registered agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:	<u>></u> 8	
New Registered Office Address:		
Ent	ter Florida street address	
	, Florida	
City	Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address **Type of Action** _□ Add _□ Remove _□ Change □ Add _□ Remove _□ Change Remove -☐ Remove ☐ Change □ Add □ Remove ☐ Change Db∧ □ □ Remove _□ Change

The state of the s	SSEE. FLORING B	Effectiv	ve date, if other than the date of filing:			or 6007 . 3
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00