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(Requestor's Name)	_
(Address)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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COVER LETTER

TO:

TO: Registration Section Division of Corporation	ns		
SUBJECT: DK'S H	ome Rebair	LLC	
Sobject. Dry	Name of Limit	ed Liability Company	
The enclosed Articles of Amendr	nent and fee(s) are subm	nitted for tiling.	
Please return all correspondence	concerning this matter to	o the following:	
, , , , , , , , , , , , , , , , , , ,	ļ	, 	
	David	Knutson Name of Person	
	•	Name of Person	
	DK'S H	one Repair LLC Firm/Company	
	06 Silve	Address Le. (0, 81623 City/State and Zip Code	
	:	Address	
	Carbon da	le. (0,81623	
	. 1.6	City/State and Zip Code	
	davidiknu	tson 17@ qmail. Co	on Heatinn
For further information concerning	. 1		incasvar)
David knots		970 \ 487 -	1850
Name of Person		at (<u>970)</u> <u>987 –</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the follow	ving amount:		
☑ \$25.00 Filing Fee ☐ \$3	0.00 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 AD	DDRESS:	STREET/COUR	IER ADDRESS:
Registration Se	ction ! '	Registration Section	on
Division of Cor P.O. Box 6327		Division of Corpo Clitton Building	rations
Tallahassee, Fl		2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Dk's Home Rep	
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
ne Articles of Organization for this Limited Liability Co	ompany were filed on May 13, 2016 and assigned
orida document number	_·
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limit	ed liability company here:
M/A	ed Hability Company here.
	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
incipal office address MUST BE A STREET ADDRI	ESS)
metpus office madress most DE NoTRESQ TIDENT	
1	
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
	P.
	2
	ered office address on our records, enter the name of the
istered agent and/or the new registered office addr	
	₹:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	©
	Enter Florida street address
	Florida
	City Zip Code
w Registered Agent's Signature, if changing Registered	Agent:
ereby accept the appointment as revistered agent a	and agree to act in this capacity. I further agree to comply with

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jessie Muniz	I Pon't have	his Contact - Add
	*	info	Remove
	· ;		☐ Change
	- <u>!</u> ,		
			Remove
		-	
			☐ Remove
			□ Change
<u>.</u>		· -	Add ^.
			□ Remove
	1		C) Change
	-		□ ∧dd
	:		□ Remove
			Change
		- · · · · · · · · · · · · · · · · · · ·	
	1		☐ Remove
	1		Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. –	I added an officer to my business named
_	Jessie Muniz that never started working for
	the company. I would like to get him
_	removed From the company totally please. If
_	there is anything else that I need to do
_	to get him removed in a timely manner please
_	let me know. I'm trying to move my
	business to my new state of residence in
	Colorado and want to make sore I do
	this correctly. Thank you.
_	David Knuitson
-	
_	
***	· · · · · · · · · · · · · · · · · · ·
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_	
ffecti	ve date, if other than the date of filing:
Note: docume ne rec	retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
1110	i
Dated_	November 15 1. 2017.
	DA I
	Signature of a member or authorized representative of a member
	David Khutson Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00