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COVER LETTER

SUBJECT: D.R	. Mechanica L Name of Lim	LLC ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	DOUAL	D Swafford Name of Person			
	D.R.	Mechanical Firm/Company			
	/031	Pert Lawe. Address			
		DAJ FL 34691 Cily/State and Zip Code			
	E-mail address: (i	Mechavical Egma to be used for future annual report notific	ation)		-1. <u>1</u>
For further information con	cerning this matter, please ca	all: 954 478 at (727) 637 - Area Code Daytime	1630	13 13	
Name of F	erson	at (/&/)	Telephone Number	19 KM 21 5KM 1: 12	14: 03 (TE
Enclosed is a check for the	following amount:		/		27
□ \$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 Star Certified Copy tadditional copy is en	tus &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

D.R. mechanical	- S
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)
(Name of the Limited Liability Compa (A Florida Limited I The Articles of Organization for this Limited Liability Company	were filed on $6-20-2016$ and assigned
Florida document number $81 - 2987221$.	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1031 Pert LANC
(Principal office address MUST BE A STREET ADDRESS)	HOLIDAY FL 34691
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	DOUALD SUAFFORD
New Registered Office Address:	1031 Pert LANC Enter Florida street address
	HOLIDAY Florida 34681 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
President	DONALD Swaffers	1031 Pert Lawe	
		HOLIDAY FL 34691	□ Remove
			Change
Mu-Proside	WT RY AW SWAFford	1031 Pert LANC	
		HOLIDAY FI 34691	□ Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
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•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf an ef <u>Note:</u>	ive date, if other than the date of filing:
o) The	cord 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.
Dated	2-25-19 2019. Feb 25-th
	Signature of such the such that the such tha

Page 3 of 3

Filing Fee: \$25.00