

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		5710/18







COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5 & D Home Remodeling & General Construction LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Simone Shewis Name of Person
SED Home Remodeling & General Constructionals
3074 Lillian Lane
Marycofe St 33063 City/State and Zip Code SDGCNeval Cush Struction LLC Dgmail. Com B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Simmes Levis at 154, 383, 9038 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

S&D Home Remode(1) (Name of the Limited Liability Compa (A Florida Limited L	ng & General 2022 And Part Land Land Labolity Company)
The Articles of Organization for this Limited Liability Company Florida document number 4000136674	-/// 5/11
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	- MA
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street audiress
	, Florida
	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 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>	Name	Address	Type of Action
AMBR	Dwayne H Lewis	3074 Lillian Lone	(AAdd
		3074 Lillian Lone Margate FL 33063	Петюче
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ument's e	effective date on the	ne Department o	of State's recor	ds.			
cord spec s filed.	ifies a delayed eff	ective date, but r	not an effectiv	e time, at 12:01	a.m. on the ear	lier of: (b) The	90th day after the
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	(/)	Signature of	f a member or a	uthorized represe	ntative of a memb	er	

Typed or printed name of signee