## 116000176023

(	Request	or's Name)	
	Address)	)	
	Address	1	
	City/Stat	e/Zip/Phone	<u>#</u>
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PICK-UP		<b>W</b> VAIT	☐ MAIL
(	Business	Entity Nam	ne)
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## COVER LETTER

TO:

TO: Registration Sec Division of Corp			;
<u> </u>		٠	•
SUBJECT: DE	D Interior Name of Limi	INM LLC	
	Name of Linu	ted triability Company	
The enclosed Articles of a	Amendment and Tee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Dan Blai	Name of Person	
	D?D In	terior Trim Finn/Company	LLC
	2407 Mo	nday Rd Address	
	Tallahassee	FL 32301 City/State and Zip Code	
	Oblas 69716 E-mail address: (	to be used for future annual report noti	nication)
For further information c	oncerning this matter, please ca	all:	
Das Blas	٢	at ( <u>850)</u> <b>321</b> -	8975
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
D \$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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ection
Registration : Division of C		Division of Con	
P.O. Box 632	•	The Centre of 1	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	Time	2021 DEC .3 PH 2: 13
D E D Interior (Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears on our re- lability Company)	cords. No. 17 17 17 17 17 17 17 17 17 17 17 17 17
The Articles of Organization for this Limited Liability Company of Florida document number <u>L14000176023</u>	were filed on <u>9 - 21 - </u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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: (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, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		_, Floridà
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie	es, and Lam familiar with and

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>	Name	Address	Type of Action
<u>AMB</u> R	Thomas Spears	2407 Monday Rd	[i/Add
		Tallahassee, FL 323	<u>O</u> }⊡Remove
		<u> </u>	Change
AMBR	Christopher Jones	2407 Monday Rd	□Add
		Tallahassee, FL 3230	D Tecmove
			□ Change
			🗆 Add
			Remove
			□Change
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Note:	ve date, if other than the date of filing:
e record and is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t ed.
Dated	·
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	Signature of a member or authorized representative of a member
	Mignature at a manager of annual colors of the colors of t

Filing Fee: \$25.00