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2021 DEC 10 AMID: 15 SECRETARY OF STATE VIII

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	ED Interi	OF Trim IIC ted Liability Company	······································
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
		Name of Person	
	DIDIA	terior Trim 11 Firm/Company	<u> </u>
	2407 Mon	day Rd Address	· · · · · · · · · · · · · · · · · · ·
		FL 32301 /City/State and Zip Code	
For further information co	E-mail address: (i	to be had for future annual report noti	fication)
Dom Blag	ir	at (<u>850)</u> 321-	8975 e Telephone Number
Enclosed is a check for the	e following amount:		
TV \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations Tallahassee
Tallahassee, F	レ シとンエサ	∠+1⊃ iv. ivionio	e Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 DEC 10 AH 10: 15

D&D Interior	ability Company as it now appe	C. SECRE	<u>INNY OF</u> STORE
(A FI	orida Limited Liability Company)		• • •
(Name of the Limited Liability Company as it now appears on our records.) [A] (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on			
Florida document number <u>L 1600017</u>	<u>6023</u>		
(Name of the Limited Liability Company as it now suppears on our records.) [A.]. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on			
A. If amending name, enter the new name of the	limited liability company b	nere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	· ·		
(Principal office address MUST BE A STREET AL	DDRESS)	_	<u> </u>

Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
		records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Fl	orida street address	
_	Circ	, Florida	Zin Code
	City		ray come

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
Ambr	Clayton Levi Hosey	2407 Monday Rd	□Add
		Tallahassee, FL 32301	Coremove
			Change
Ambr	Thomas Spears	2407 Monday Rd	□Add
		Thalla hassee, FL 32	301 Exemove
Ambr	Thomas Shears	2407 Monday Rd	EAdd
		Tallahassee, FL 32301	□Remove
			Change
			□Add
			□Remove
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lf an effe <u>Note:</u> I	e date, if other than the date of filing:	
e record rd is file	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 d.	the
Dated _	12-10 2021	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00