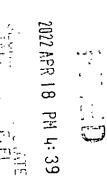
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(Re	questor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Maria Reno Name of Lim	Vation Service ited Liability Company	ces LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Picase return all correspon	ndence concerning this matter	to the following:	·
	Robe	rt DiMaria Name of Person	-,
	DiMaria B	enovation Ser	vices LLC
	3860 13**	AVE SW Address	
		FL 34117 City/State and Zip Code DiMaria 3131@9 to be used for future annual report not	
For further information co	oncerning this matter, please c		
Robert Name of	Di Maria Person		- 9286 ne Telephone Number
Enclosed is a check for th	e following amount:		
\$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 Address	<u>s:</u>	Street Address:	

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

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

Name of the Limited Liability Compan (A Florida Limited L.	tore DiMaring as it now appears on our record lability Company)	aller My 4.30
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 17000013540</u>	were filed on1/17/	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
DiMaria Renovation The new name must be distinguishable and contain the words "Limited Liabili	Services LL ty Company," the designation "L.I.C	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3860 13th A Naples FL	Ne SW 34117
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3860 13th Naples FL	AVE SW 34117
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>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	x
		orida
	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 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

₩ NO	Changes	₩
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<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□Add
			□Remove
			□ Change
			□∧dd
			Remove
			□ Change
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		□ Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as in: document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Saturday April Signature of a member or authorized representative of a member