Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736

Fax Number : (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. — **

Email
Email

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DETAIL REMODELING 2 LLC

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Electronic Filing Menu

Corporate Filing Menu

Help 7 - 23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DETAIL	REMODELING 2 LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>is.</u>)	
The Articles of Organization for this Limited Liability Con	npany were filed on 03/28/2017	and assigned	
Florida document number L17000069907			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
DARIEN DETAIL WORK LLC		202 TAI	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	or the abbreviation "L.IC."	
Enter new principal offices address, if applicable:		AN T	
(Principal office address MUST BE A STREET ADDRE	<u>(S.S)</u>	1	
		Ö. 0	
Enter new mailing address, if applicable:		င္အား မိ	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered	
A			
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
	, F)	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 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
		44.4	□ Add
			□Remove
			☐ Change
			□Add
			□Remove
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and the state of t	
we date, if other than the date of filing: crive date is listed, the date must be specific and cannot be prior to da If the date inserted in this block does not meet the applicable int's effective date on the Department of State's records	(optional)

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.

