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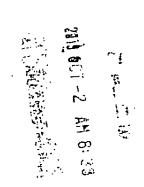
<u> </u>
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# **COVER LETTER**

TO: Registration S Division of Co			
	tom Homes LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5000,01.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Daniel Dodard		
		Name of Person	
	D&D Custom Homes		
		Firm/Company	
	1202 Helias Street		
	-	Address	
	Palm Bay , FL , 32907		
	ddluxury l @gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Daniel Dodard		321 222-6255 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&D Custom Homes LLC

(Name of the Limited Liability Company as it now appears on our records.)

( <u>-                                    </u>	(A Florida Limited Liability Company	
The Articles of Organization for this Limited I Florida document number <u>L1000096457</u>	Liability Company were filed on _	May 01, 2017 and assigned
rionda document number	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>nere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
12-standard and 11- and 14- and 16- and 11- at 1-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	· · · · · · · · · · · · · · · · · · ·
	<u>., </u>	-
		n our records, enter the name of the nev
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Rosemond Dodard	
New Registered Office Address:	1202 Helias Street	
	Enter F1	orida street address
	Palm Bay	, Florida 32907
	Cin	Zin Co.la

### 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
MGR	Daniel Dodard	1202 Helias Street , Nw Palm Bay 14 32907	<b>⊟</b> Add
			Remove
			☐ Change
ambr	Darnell Dodard	865 Gillan Ave , Nw Palm Bay Fl 32907	🗖 Add
			■ Remove
			Change
Ambr	BCD Properties LLC	622 Washington Street , Watertown, NY 13601	
			■ Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Datec	09/15/19
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00