## 117000/53619

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | dress)             |             |
| · (Cit                  | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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DIVISION OF CORPORATION

N COOPER MAY 16 2018

## COVER LETTER

| TO:        |           | istration Sec<br>ision of Corp |  |   |   |
|------------|-----------|--------------------------------|--|---|---|
| CHD        | IECT.     | DUVAL RE                       | MODELING LLC                                 |   |   |
| SUB        | JEC1;     | -                              | Name of Lim                                  | ited Liability Company  |   |
| The o      | enclosed  | l Anicles of A                 | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Pleas      | se return | all correspor                  | ndence concerning this matter                | to the following:   |   |
|            |           |                                | MARIO R GONZALES PI                          | INTO  |   |
|            |           |                                |  | Name of Person  |   |
|            |           |                                | DUVAL REMODELING                             | LLC .   |   |
|            |           |                                | ·····  |   |   |
|            |           |                                | 1121 BLUE SKY WAY                            |   |   |
|            |           |                                | <del></del>                                  | Address-  |   |
|            |           |                                | JACKSONVILLE, fl. 3222                       | 25  |   |
|            |           |                                |  | City/State and Zip Code   |   |
|            |           |                                | E-mail address: (                            | to be used for future annual report notific                         | cation)   |
| For f      | urther in | nformation co                  | ncerning this matter, please ca              | all:  |   |
| MAF        | RIO R C   | ONZALES I                      | PINTO  | 904 450-3926  |   |
|            |           | Name of                        | Person                                       | Area Code Daytime   | Telephone Number  |
| Encle      | osed is a | check for the                  | c following amount:                          |   |   |
| <b>₽</b> S | 525,00.F  | iling Fce                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

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

| DUVAL REMODELING LLC   |   |                              |                   |               |
|--|---|------------------------------|-------------------|---------------|
| ( <u>Name of the Limited Liabili</u><br>(A Florida)  | ty Company as it now appea              | ars on our records.)         |                   |               |
| The Articles of Organization for this Limited Liability C Florida document number 11 7000 1 5 361      | Company were filed on _                 | 7/17/2017                    | and ass           | igned         |
| Florida document number 11 /00015 3 91   | '                                       |                              |                   |               |
| This amendment is submitted to amend the following:  |   |                              |                   |               |
| A. If amending name, enter the new name of the lim   | ited liability company l                | nere:                        |                   |               |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the            | designation "LLC" or the abl | breviation "L.    | C."           |
| Enter new principal offices address, if applicable:  |   |                              |                   | <del></del> : |
| (Principal office address MUST BE A STREET ADDR  | (ESS)                                   |                              | <b></b>           | <br>          |
|  | -                                       |                              | <u> </u>          | SCS.          |
|  |   |                              | <b>~</b>          |               |
| Enter new mailing address, if applicable:  |   |                              | 5                 |               |
| (Mailing address MAY BE A POST OFFICE BOX)   | -                                       |                              | =                 | 유수            |
| 2017   | <del></del>                             |                              | <del>:</del><br>မ | ĀA            |
|  | *************************************** |                              | <u> </u>          | - <u>×</u>    |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add |   | n our records, enter         | the name (        | of the new    |
| Name of New Registered Agent:  |   |                              |                   |               |
| New Registered Office Address:   | · · · · · · · · · · · · · · · · · · ·   |                              |                   |               |
|  | Enter Flo                               | orida street address         |                   |               |
|  |   | , Florida                    |                   |               |
| <del></del>  | Ciţy                                    |                              | Zip Code          |               |
| Nam Danistanad Amently Circustons if shanning Danistans  | 4 44.                                   |                              |                   |               |

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                        | Type of Action |
|--------------|-------------------|---------------------------------------|----------------|
| MGR          | Deroline Gonzales | 1121 BLUE SKY WAY, JAX,FL 322S        | ■ Add          |
|              |                   |                                       | Remove         |
|              |                   |                                       | Change         |
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| <del></del>  | **************************************  |   |   | AH II: 35  | <u>.                                    </u> |
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| ective date, if other than   | he date of filing:  |   | (   | (optional)   |  |
| effective date is listed, the date e: If the date inserted in thi                                | must be specific and cannot<br>s block does not meet the                        | be prior to date of fi<br>applicable statut                   |   |  |  |
| ument's effective date on the  | : Department of State's r   | records.  |   |  |  |
| record specifies a dela  | ved effective date  | out not an effe   | ctive time, at 12 <sup>a</sup>  | 01 a.m. on the earl  | lier   |
| he 90th day after the  |   |   |   |  |  |
| May 11   | 2018  | 3   |   |  |  |
| ed   |   | · · ·   |   |  |  |
|  |   |   | sentative of a member   |  |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00