## L17'000 229789

(Requestor's Name)
(Address)
(Address)
(City)Chata (Zin (Dhana H)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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D SCOTT

## **COVER LETTER**

TO:	Registration Se Division of Cor			
cup u		inting by D&L LLC		
SUBJI	-C1:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	retum all correspo	ndence concerning this matter	to the following:	
		William L Spegal		
			Name of Person	
		Integrity Painting by D&L	LLC	
			Firm/Company	<del></del>
		6180 S Highway 314A		
		<del></del>	Address	<del></del>
		Ocklawaha, FL 32179		
			City/State and Zip Code	
		issabellamoon7777@gmail.c	com o be used for future annual report notific	ation) 5.3
For fur	ther information co	oncerning this matter, please ca	·	,
Willian	n L Spegal		850 630-2110	
	Name of	Person	at () Area Code Daytime	Felephone Number
Enclose	ed is a check for th	c following amount:		<u>;</u>
\$25	5.00 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, 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

Integrity Painting by D&L LLC		
(Name of the Limited Lia) (A Flor	pility Company as it now appears on our recordida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 11/07/2017	and assigned
Florida document number L17000229789		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "!	imited Uability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressions and/or the new registered office ad	gistered office address on our record	ls, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
<u> </u>		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Diana L Rose	6180 S Highway 314A	
		Ocklawaha, FL 32179	Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
		+	Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
		<del></del>	☐ Change
		<del> </del>	Add
			☐ Remove
			Change
			Add
			Remove
			Change

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· 66	11/27/2017
inect fan efi	ve date, if other than the date of filing: (optional) (optional) (cetive 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
iocum.	ent s effective date on the repartment of state s records.
e red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
Dated	November 27. 2017.

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Typed or printed name of signee

Filing Fee: \$25.00