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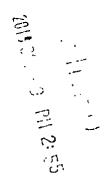
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Amend Mam

SEP 17 2019 I ALBRITTON

OVER LETTER

/11 · 15 4 61 6 7/11 ·	40DELING LLC	•	•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANGER P GARCIA			
	P & C REMODELING LL	Name of Person		
	1255 NE 11TH ST APT 10	Firm Company 15		
	HOMESTEAD, FL 33033	Address		
	dangergarcia7474@yahoo.c			
		to be used for future annual rep	port notification)	
For further information c	concerning this matter, please co	all:		
DANGER P GARCIA		786 7738- at ()	445	
Name o	of Person		Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

P & C REMODELING LLC

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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Dany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L1800007807	y were filed on 01/09/2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
D P C SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	: 1255 NE 11TH ST APT 105		
(Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL 33033		
Enter new mailing address, if applicable:	1255 NE 11TH ST APT 105		
(Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL 33033		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida		
	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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
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If an effective date Note: If the dat	if other than the east is listed, the date must e inserted in this bloctive date on the De	be specific and c ck does not me	cannot be prior to		nore than 90 day		
ne record end	ecifies a delayed ay after the reco		ite, but not	an effective	time, at 12	:01 a.m. on	the earlier o
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The 90th da	14	 ;	2019	_ ·			
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The 90th da	- A			ized representative	e of a member		

Page 3 of 3

Filing Fee: \$25.00