- LIBCOCOTISE2

Office Use Only



600322855736

01/07/19--01034--014 **25.30

TILED
2019 JAN -7 A 2: 08

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|--|-----------------|
| SUBJECT:JD_1 | | ovations, LLC ted Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are subt | mitted for filing. | | |
| Please return all correspo | indence concerning this matter | to the following: | | |
| | Joshua (| Name of Person | | |
| | JD Denmai | IC RESTOYATIONS Firm/Company | , LC. | <i></i> |
| | 2901 SW | 41St St #3509 Address | LAHAS. | -17 |
| | Ocala, FI | 34474 City/State and Zip Code | | O |
| | Jacobern E-mail address: (i | o be used for future annual ferfort notifi | | r.Smith Gmai |
| For further information c | oncerning this matter, please ca | sil: | |) |
| Amber S Name o | mAh f Person | at (352) 1015-0 Area Code Daytime | 7-05 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 enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAIL | ING ADDRESS: | STREET/COURIE | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dermark Rustor (Name of the Limited Liability Compa- (A Florida Limited L | ny as it now appears on our records.) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1800074582</u> . This amendment is submitted to amend the following: | were filed on 3 22 18 and assigned |
| A. If amending name, enter the new name of the limited liabi | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 2901 SW 418+ Sta = 17 #3509 Ocata, Fl 3447+51 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | some as above 1000 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | DL /4. |
| | , Florida City Zip Code |
| Designation of America Designation of America | • |

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 | Amber Smith | 1500 NW 20TH AVE | |
| | | Ocala, Fr. 34475 | ☐ Remove |
| | | | Change |
| MGR | Joshua Cobbett | 2901 SW 41st St | 🗹 Add |
| | | #3509 | Remove |
| | | Ocala, FZ 34474 | □ Remove |
| | | | |
| | | | Remove |
| | | | |
| | | <u> </u> | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | _ □ Change |

| | | | | | | | |
|---|--|---|--|--|----------------------|--|------------------------------|
| | | | <u> </u> | 7 | | | |
| | | | | | | | |
| <u> </u> | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | -1. | 99. |
| | | | | | | F | |
| · · · · | | | | | | ASS. | ر د |
| | | | | | | | ー |
| | | | | | | | 7: 00 -:: |
| | | | | | | | ري ا |
| | | | | | | | _ |
| an effective date i ote: If the date | is listed, the date me inserted in this | he date of filing: nust be specific and o block does not me Department of Su | cannot be prior to cet the applicab | date of filing or mor le statutory filing | e than 90 days after | onal) r filing.) Pursuant to 6 s date will not be li | 605.0207 (3) isted as the |
| record spec The 90th da | cifies a delaye by after the re | ed effective da ecord is filed. | ite, but not a | an effective tir | ne, at 12:01 a | a.m. on the ear | rlier of: |
| ated \ Ar | mary " | 4 N (11- | 2019 1-1H | ed representative o | | | |
| anco <u>JO1</u> | | コート しんけん | タヒンレ・い | | | | |
| Pated <u>JAY</u> | | Signature of a me | ember or authoriz | red representative o | a member | | |

Page 3 of 3

Filing Fee: \$25.00