## 118000023739

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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18 MAY -7 PM 2:5
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K. SALY

## **COVER LETTER**

TO:	Registrațio Division of	n Section ' Corporations	
CHD IE/		tesidential Services, LLC	
SUBJEC	-1: <u></u>	Name of Limited Liability Company	
The encl	losed Article	s of Amendment and fee(s) are submitted for filing.	
Please re	eturn all corn	espondence concerning this matter to the following:	
		Derrick E. Malcolm	
		Name of Person	
		DEM Residential Services, LLC DBA For Real Roofing & Home Repairs	
		Firm/Company	
		5560 Galewind LN	
		Address	
		Jacksonville, FL 32211	
		City/State and Zip Code	
		demresidentialservices@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furth	er informatio	on concerning this matter, please call:	
Laura M	falcolm	904 790-2701 at ( )	
	Naı	ne of Person Area Code Daytime Telephone Number	
Enclosed	l is a check f	or the following amount:	
<b>□ \$</b> 25.0	00 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Solution Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	Status &

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

18 MAY -7 PM 2:51

**DEM Residential Services, LLC** 

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

The Articles of Organization for this Limited Liability C	ompany were filed on 04/03	/2018	and assigned
Florida document number L18000083739			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>		
(Principal office address MUST BE A STREET ADDR			
Pater was malling address of small abba			
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent:		ır records, <u>enter t</u>	he name of the new
New Registered Office Address:	,		
	Enter Florida	street address	
	City	, Florida	Tin Codo
New Registered Agent's Signature, if changing Registered	•		zip code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this cap omplete performance of my gent as provided for in Cha	duties, and I am fa pter 605, F.S. Or, i	miliar with and f this document is
	If Changing Registered Agent,	. <u>Signature of New Reg</u>	stered 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>	Name	Address	Type of Action
AMBR	Derrick E. Malcolm	5560 Galewind LN	
		Jacksonville, FL 32211	☐ Remove
			Change
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			Remove
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			Remove
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	P. C. C. C. C. P. BANKI, A. C.		
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	,	<del></del>	- F - P - C - C - C - C - C - C - C - C - C
			<u> </u>
E. Effective date, if other than (If an effective date is listed, the date	the date of filing:	of filing or more than 90 days after	onal) r filing.) Pursuant to 605.020
Note: If the date inserted in this	s block does not meet the applicable st e Department of State's records.	atutory filing requirements, thi	s date will not be listed as
If the record specifies a delay (b) The 90th day after the r	yed effective date, but not an or exercise filed.	effective time, at 12:01	a.m. on the earlier o
May 2 Dated	2018		
$\mathcal{O}$	1/2	10/11	
Per	ACK & Plan	COM	
	Signature of a member or authorized r	representative of a member	

Page 3 of 3

Filing Fee: \$25.00