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D COMMELL

COVER LETTER

TO: Registration Sec Division of Corp			4
NRC	Home Imprae	went CLC	•
SUBJECT: JDC	Name of Limit	red Liability Company	
The enclosed Articles of z	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	David Co	opped CL Name of Person	
	DRC Hone	Imprachent L	LC
	2963 Pa	ddington Dr	<u></u>
	Tay, +	City/State and Zip Code	
	E-mail address: (1	o be used for future annual report not	fication)
For further information co	oncerning this matter, please ea	all:	
David Coppe	dsc	at (<u>PSO</u>) <u>544</u> - Arca Code Daytim	2203
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration ! Division of C	Section	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 7 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBC Hone Imparine (Name of the Limited Liability Compa (A Florida Limited L	entr LLC	_ _	
The Articles of Organization for this Limited Liability Company Florida document number <u>L.18000183521</u> .	were filed on 7/31/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Due North Construction LC The new name must be distinguishable and contain the words "Limited Liabil	En. Company "the day investors of LC" or the ab	shrevastion "L.I.C."	 -
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	1761 Copperticid CV		
(Principal office address MUST BE A STREET ADDRESS)	1761 Copperfield CV Tallahorsce, Fl. 32	-312	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1761 Copporfield C	v -312	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	ie of the new regi	<u>stered</u>
Name of New Registered Agent:		دم فرخد	- 1.
		# 2 (* †	-
New Registered Office Address:	Enter Florida street address	<u> </u>	<u> </u>
	, Florida	· · · · · · · · · · · · · · · · · · ·	
New Registered Agent's Signature, if changing Registered Agent	City <u>1</u>	2Zip Code 42	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office.	ree to act in this capacity. I further ag e performance of my duties, and I am provided for in Chapter 605, F.S. Or,	gree to comply wi familiar with and , if this document	ith the d

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 **Type of Action** Address Title Name _____ □Remove _____ □ Change _____ □Remove ☐ Change ______ Change _____ Change ______ Remove _____ Change bb∧□ _____

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in effective date ote: If the da	if other than the is listed, the date must be inserted in this blocative date on the De	be specific and ck does not m	cannot be prior seet the applic	to date of film able statutor	ng or more than	(option 90 days after fi rements, this o	ling.) Pursuant to	605.0207 listed as
ecord specific is filed.	es a delayed effective	date, but not	an effective t	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th day	after the
nted	ine 23	,	2022	·				
	me 23	Signature of a n	nember or auth	orized repress	mulive of a me	ember		.
		1d Coppe						
	, Dae	1d Coppe	edge				<u> </u>	_

Filing Fee: \$25.00