18000238745

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THE NOV -1 PH 3: 07
SECRETARY OF STATE
ALLAHASSEE FIORID

BL. VORISEK NOV 16 2018

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

. Div	rision of Cor	porations		
SUBJECT:	DISTINCT	IVE GARAGE SURFACING,	LLC	
SUBJECT:		Name of Lim	ited Liability Company	····
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Kerrin Conklin		
			Name of Person	
		Distinctive Garage Surfaci	ng, LLC	
			Firm/Company	
		333 Colony Blvd, Ste 124		
			Address	
		The Villages, FL 32162		
			City/State and Zip Code	
		kerrin.conklin@garageking E-mail address: (S.com to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ea	all:	
Kerrin Conk	lin		912 856.1827 at ()	
-	Name of	f Person		c Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
		ING ADDRESS: ation Section	STREET/COURI Registration Sectio	
		n of Corporations	Division of Corpor	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTINCTIVE GARAGE SURFAC	ING, LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)		
The Articles of Organization for this Limited Lia	bility Company were filed on October 08, 2018	and assigned	
Florida document number L18000238745	·	===	
This amendment is submitted to amend the follow	wing:	18 NON SECRET	<u></u>
A. If amending name, enter the new name of	the limited liability company here:	NOV -1 PM	TI TI
-	rds "Limited Liability Company," the designation "LLC" or the	abbreviation VIL.Ci	
Enter new principal offices address, if applica	ble:	<u> </u>	_
(Principal office address MUST BE A STREET	ADDRESS)		_
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE B	<u> </u>		-
			_
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>enterice address here</u> :	the name of the	<u>new</u>
Name of New Registered Agent:			_
New Registered Office Address:	Enter Floridu street address		-
	, Florida	Zip Code	
		-2-9	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kerrin Conklin	1138 Ivawood Way, The Villages, FL 32163	■ Add
			Remove
			Change
			Remove
			☐ Change

			☐ Remove
			Change
			Add
			Remove
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			□ Add
			□ Remove
			Change
		 	Remove
			☐ Change

. II динсис	ding any other information	, enter change(s) ne	ere. (Altach dadillor	iai sneets, ij necessary.)	
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	<u> </u>	<u></u>			at the
					
					
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					 ,
Effective	date, if other than the date	e of filing:		(optional)	
(If an effecti <u>Note:</u> If	ive date is listed, the date must be s the date inserted in this block of t's effective date on the Depart	pecific and cannot be pri does not meet the appl	icable statutory filing	e than 90 days after filing.) Pur	suant to 605.0207 (3 not be listed as th
	rd specifies a delayed eff Oth day after the record		oot an effective tir	ne, at 12:01 a.m. on t	the earlier of:
Dated O	ctober 29, 2018, 1:12 p.m.	1:12			
	Kun	9/4	·		
	Sim	ubum aku mambu u u ina	horized representative of	o mambar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00