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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Deese Repairs LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
William T. Name of Person
Firm/Company
2037 Holley Timber Rd.
abultes.
Cottondale, FL. 32431 City/State and Zip Code
Cles Se Con City fa
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William T- Wess- JV. at (850 272-0016 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee, Certificate of 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

Desc Repa	in LLC	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number <u>LISOO 268</u>	Company were filed on	1/19/18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		30 .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the new
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 added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR.	Jeveny Dees	= 2480 maApia Dr. Ma	- 1 2000 FC. 30448
			Remove
			🗆 Change
Amer	Frank Hartley	2037 Holey Timber Rd. Christophala, H 3	Add Add
			Remove
			Change
AMBR	Kelly Deve	2027 Holley Timber RJ.	ンパラ1
			□ Remove
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n effective date is l te: If the date in	other than the date isted, the date must be seserted in this block of the date on the Depart	pecific and can loes not meet	the applicab	date of filing or	more than 90 day	(optional) is after filing.) Poss, this date wi	irsuant to 605.0. If not be listed
The 90th day	ies a delayed eff after the record	is filed.			time, at 12	:01 a.m. or	the earlier
ted Vol	Vernessy 3	<u>'O</u> , _	4018	• . •			
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Page 3 of 3

Filing Fee: \$25.00