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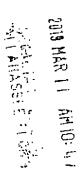
(Requestor's Name)
(Address)
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COVER LETTER

the dryer vi SUBJECT:					
	Name of Limi	ited Liability Company	12:		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	hunter hayes		THE THE PARTY OF T		
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	the dryer vent doctor lic				
	-	Firm/Company			
	15840 state road 50 lot 15				
	Address				
	Clermont, florida 34711				
	thedryerventdoctor.llc@gma	City/State and Zip Code ill.com			
	E-mail address: (to be used for future annual report noti	ification)		
For further information co	oncerning this matter, please ca	all:			
Hunter Hayes		352 (352)223-2	437		
Name of	Person	Area Code Daytim	ne Telephone Number		
m to a live about fourth	a fallauting amount:				
Enclosed is a check for th		Flore on the con-	E CO OO Piling E va		
□ \$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		

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

y as it now appears on ou ability Company) were filed on 12/26/20	r records.)
vere filed on	
	and assigned
ity company here:	
y Company," the designation	on "LLC" or the abbreviation "L.L.C."
15840 state road 50 l	lot 15
15840 state road 50	lot 15
ice address on our	records, enter the name of the new
Enter Florida stre	et address
	. Florida
City	Zip Code
	y Company," the designati 15840 state road 50 15840 state road 50 ice address on our

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
			Add
			Remove
		_	☐ Change
			Remove
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ffective date, if other than the da	te of filing:		(optional)	
an effective date is listed, the date must be	specific and cannot be prior t	o date of filing or more than this statutory filing requir	90 days after filing.) Pursuant to rements, this date will not be	605.020 listed a
oter. If the date inserted in this block		ore manner; mang requir		
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Page 3 of 3

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