## L19000001823

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## **COVER LETTER**

го:

Registration Section
Division of Corporations

SUBJECT:	DK DEMOLITION & CUSTOM TRIM LLC					
JOBSEC 1.	_	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:			
		Dallas J Ferrell				
			Firm/Company			
		6209 Glenwood Dr	3			
			Address			
		New Port Richey, FL 3465				
			City/State and Zip Code	•		
		DKFerrell2014@gmail.com				
		E-mail address: (	to be used for future annual report notifi	cation)		
For further i	nformation c	oncerning this matter, please ca	all:			
Dallas J Ferrell 727 237-5881 at ( )						
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Re Div P.C	iling Addres gistration S vision of C D. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration Sectorial Division of Corporthe Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on December 28, 2018	and assigned	
Florida document number L19000001823	<u>-</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
Crosspoint Construction Group LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
		•	
	-	p 3	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		•	
		••	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the new regist	
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:

DK DEMOLITION & CUSTOM TRIM LLC

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
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fective date, if other than than effective date is listed, the date m	ust be specific and ca	annot be prior to	date of filing or i	nore than 90 days a	ifter filing.) Pur	suant to 605.020
ote: If the date inserted in this ocument's effective date on the	block does not mee Department of Sta	et the applicables as records.	te statutory file	ig requirements,	this date will	not be listed a
	•					
record specifies a delayed effect	ive date. hut not ar	n effective tim	e at 12:01 a.m.	on the earlier of	(b) The 90	th day after th
is filed.			.,		, (0)	<b>,</b>
October 13		2023				
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CH	~					
( ) The	Signature of a me					