9/18/23, 5:17 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

Phone

: (305)226-8727

Fax Number

: (305)226-8767

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

| ima11 | Address: |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DDR CONSTRUCTION & PAINTING, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

Help

SEP 20 2023

TO:

Registration Section

## COVER LETTER

| Division of Co  | erporations   |   |  |
|---|---|---|--|
| DDR CO  | NSTRUCTION & PAINTING   | LLC   |  |
| SORIECI:  | Name of Lit   | mited Liability Company   |  |
|   |   |   |  |
| The enclosed Articles o   | f Amendment and fee(s) are su   | bmitted for filing.   |  |
| Please return all corresp   | ondence concerning this matte   | r to the following:   |  |
|   | LUCIA ESTRELLA  |   |  |
|   | Name of Limited Liability Company  s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following:  LUCIA ESTRELLA  Name of Person  LICENSES & PERMITS LLC  Finat/Company  8300 WEST FLAGLER ST SUITE 114  Address  MIAMI, FLORIDA 33144  City/State and Zip Code  LICENSES114@GMAIL.COM  E-mail address: (to be used for future annual report notification) on concerning this matter, please call:  at ( ) 226-8727  at ( ) Daytime Telephone Number  or the following amount:  by S30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Intent:  on Section  FCOrporations  Street Address:  Registration Section  FCOrporations  The Centre of Tallahassee   |   |  |
| Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:  LUCIA ESTRELLA  Name of Person  LICENSES & PERMITS LLC  FinavCompany  8300 WEST FLAGLER ST SUITE 114  Address  MIAMI, FLORIDA 33144  City/State and Zip Code  LICENSES114@GMAIL.COM  E-mail address: (to be used for feature annual report notification)  or further information concerning this matter, please call:  UCIA ESTRELLA  Name of Person  Name of Person  Tallahasee, FL 32314  Street Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Nontroe Street, Suite 810  |   |   |  |
|   |   | Finn/Company  | Liability Company                              |
|   | DDR CONSTRUCTION & PAINTING LLC  Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  LUCIA ESTRELLA  Name of Person  LICENSES & PERMITS LLC  Finn/Company  8 300 WEST FLAGLER ST SUITE 114  Address  MIAMI, FLORIDA 33144  City/State and Zip Code  LICENSES114@GMAIL.COM  E-mail address; (to be used for fearer annual report notification)  her: information concerning this matter, please call:  ESTRELLA  Name of Person  Area Code  Daytine Telephone Number  d is a check for the following amount:  .00 Filing Fee  Certificate of Status  Certificate Copy (additional copy is exclused)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Nome of Status Montroe Street, Suite 810   |   |  |
|   | DDR CONSTRUCTION & PAINTING LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filling.  enum all correspondence concerning this matter to the following:  LUCIA ESTRELLA  Name of Person  LICENSES & PERMITS LLC  Finn/Company  8300 WEST FLAGLER ST SUITE 114  Address  MIAMI, FLORIDA 33144  City/State and Zip Code  LICENSES114@GMAIL COM  E-mail address; (to be used for febure annual report notification)  ner information concerning this matter, please call:  ESTRELLA  Name of Person  Area Code  1 is a check for the following amount:  00 Filing Fee  Certificate of Status  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Montroe Street, Suite 810 |   |  |
| SUBJECT:    DDR CONSTRUCTION & PAINTING LLC   |   |   |  |
|   |   | City/State and Zip Code   |  |
|   | <del>-</del>  |   |  |
|   | E-mail address:   | (to be used for future annual report noti-                                | (ication)                                      |
| For further information   | concerning this matter, please o  | call:   |  |
| Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  LUCIA ESTRELLA  Name of Person  LICENSES & PERMITS LLC  Finn/Company  8300 WEST FLAGLER ST SUITE 114  Address  MIAMI, FLORIDA 33144  City/State and Zip Code  LICENSES114@GMAIL.COM  E-mail address: (to be used for feature annual report notification)  For further information concerning this matter, please call:  LUCIA ESTRELLA  Name of Person  Name of Person  Street Address:  Certificate of Status  Certificate Opy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Name of Tallahassee  2415 N. Monroe Street, Suite 810 |   |   |  |
| Name  | of Person   | Area Code Daytime   | c Telephone Number                             |
| Enclosed is a check for t   | he following amount:  |   |  |
| ■ \$25.00 Filing Fee  |   | Certified Copy  | Certificate of Status & Certified Copy         |
| Registration<br>Division of O<br>P.O. Box 632   | Section<br>Corporations<br>27   | Registration Sec<br>Division of Corp<br>The Centre of T<br>2415 N. Monroe | porations<br>allahassee<br>e Street, Suite 810 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DDR CONSTRUCTION & PAINTING LLC  |  |  |
|--|--|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L  | ny as it now appears on our re<br>iability Company)  | cords.)  |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L19000066815</u>   | were filed on  | and assigned   |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liabil  | lity company here:   |  |
| DDR CARPENTRY & PAINTING LLC   |  |  |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation "   | LLC" or the abbreviation "L.L.C."                                    |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 2:   |
|  |  | , 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 |
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| Enter new mailing address, if applicable:  |  |  |
| Mailing address MAY BE A POST OFFICE BOX)  |  |  |
| Materia unitess MAT BE A FUST OFFICE BUA)  |  | <del></del>  |
|  |  | <del></del>  |
| B. If amending the registered agent and/or registered office act agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:   |  |  |
|  | Ity Company as it now appears on our records.)  Ita Limited Liability Company)  Company were filed on 03/08/2019  Inited Liability Company here:  Inited Liability Company," the designation "LLC" or the abbre above the selection of the selection | iress  |
|  |  |  |
|  | Ciţv   | Zip Çode   |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |
| hereby accept the appointment as registered agent and agree<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as proveing filed to merely reflect a change in the registered office a<br>company has been notified in writing of this change. | erformance of my duties,<br>ovided for in Chapter 60   | and I am familiar with and 5, F.S. Or, if this document is           |

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

| If amending Authorized Person(s) | authorized to manage, | enter the title, | name, and | address of | each person | being added |
|----------------------------------|-----------------------|------------------|-----------|------------|-------------|-------------|
| or removed from our records:     | <b>,</b>              |                  |           | -1-1-1-1-1 |             |             |

| AMBR = A       | uthorized Member |             |                |
|----------------|------------------|-------------|----------------|
| Title          | Name             | Address     | Type of Action |
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| If an eff<br><u>Note:</u> | Sept 18 2023 (optional) ective date, if other than the date of filing:    Sept 18 2023 (optional)                           | 5,0207<br>ted as |
| e recor<br>rd is fil      | d specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day aftored. | or the           |
| Dated .                   | Sept 18 2023  |                  |
|                           |   |                  |
|                           |   |                  |
|                           | Signature of a member or authorized representative of a member  |                  |

Filing Fee: \$25.00