L19000174388

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	(Re	questor's Name)	
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COVER LETTER

то:	Registra Division					
CUD IEZ	DDS	Buildin	g and Remodeling LLC			
SOBJEC	JI:		Name of Lim	ited Liability Company	To de la constante de la const	
The encl	osed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.		
			dence concerning this matter			
			David James Parsons			
				Name of Person		
				Firm/Company		
			3582 Westbrook Dr			
				Address		
			Chipley, Fl 32428			
				City/State and Zip Cod	le	
			sparsons98@gmail.com			
For furth	ner inform	ation cor	E-mail address: (neerning this matter, please e	to be used for future annuall:	al report notification)	
David J	Parsons				366-9506	
		Name of I	Person	Area Code	Daytime Telepho	one Number
Enclosed	d is a chec	k for the	following amount:			
■ \$25.	.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing For Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A				Address:	
	Registra Division		ection rporations	_	tration Section ion of Corporation	ons
	P.O. Bo			The C	Centre of Tallaha	ssee
	Tallaha	ssee, Fl	L 32314	24151	N. Monroe Stree	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDS BUILDING & REMODELING, I	.LC	
(<u>Name of the Limited I</u> (A f	iability Company as it now appears on our rec forida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L19000174388	·	
This amendment is submitted to amend the following	uŘ:	
A. If amending name, enter the new name of the	e limited liability company here:	
David Parsons, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:	
(Principal office address MUST BE A STREET A	DDRESS)	2023
		3 H 7
		一 元 元
Enter new mailing address, if applicable:		H
(Mailing address MAY BE A POST OFFICE BO.	Y)	SEP A
Infuting data ess MAT BE AT OST OFFICE BO.	<u> </u>	To 8
		三五·
B. If amending the registered agent and/or regis	stered office address on our records, <u>ent</u>	ter the name of the new registered
agent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	dress
<u>-</u>		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 = Authorized Member

Title	Name	Address	Type of Action
MGR	David J Parsons	3582 Westbrook Dr. Chipley, Fl 32428	= Add
		408 W BALDWIN RDPANAMA CITY, FL 32405	Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
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ective date, if other than th	e date of filing:		(optional)	405 020
n effective date is listed, the date mute: If the date inserted in this b	block does not meet the appl	licable statutory filing		
rument's effective date on the I	Department of State's record	18.		
cord specifies a delayed effecti	ive date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The 9	0th day after the
s filed.				-
02/24	2023			
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	Venature of a member or aut	thorized representative o	f a member	

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Filing Fee: \$25.00