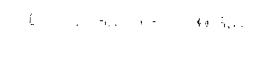
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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:		stration Section of Corp			
cum ucz			Construction and Remodelin	ng LLC	
SUBJECT:			Name of Limi	ited Liability Company	
The encl	losed	Articles of A	amendment and fee(s) are subt	mitted for filing.	
Please re	eturn a	ıll correspon	dence concerning this matter	to the following:	
			Julia Vasquez		
			Don Ricky Construction and	Name of Person d Remodeling LLC	
			3309 Buffalo Trl	Firm/Company	······································
			DeLand, fl 32724	Address	
			DonRickyCR@outlook.com	City/State and Zip Code	
			E-mail address: (t	to be used for future annual report	notification)
For furth	ner inf	ormation co	ncerning this matter, please ca	all:	
Julia Va	asque	Z		407 461-033 at () Area Code Da	
		Name of	Person	Area Code Da	ytime Telephone Number
Enclosed	d is a «	check for the	e following amount:		
\$25.	.00 Fil	ing 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 (additional copy is enclosed)

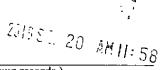
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Don Ricky Construction and Remodeling, LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

F 19000216509	lability Company	were filed on	and assigned
Florida document number L 19000216509	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	pility company here:	
Don Ricky Tiles and Painting, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		3309 Buffalo Trl	
(Principal office address MUST BE A STREE		DeLand, fl 32724	
Enter now mailing address if applicables		3309 Buffalo Tri	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DeLand, fl 32724	
B. If amending the registered agent and/ registered agent and/or the new registered of	Tice address her		he name of the new
Name of New Registered Agent:	N/A		
Name of New Registered Agent: New Registered Office Address:	N/A		
		Enter Florida street address	
		Florida	
	N/A		Zip Code
	N/A N/A	, Florida	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
4/7	MA	MA	Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
		 	Remove
			☐ Change
			☐ Remove
			□ Change
			☐ Remove
			☐ Change

	09/17/2019
(If an e <u>Not</u> e	ctive date, if other than the date of filing:
the r) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	a 9/17/2019 . 2019.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00