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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CHINTELYE.	D&K HAN	IDYMAN SERVICES "L.L.C"	•			
SUBJECT:		Name of Lin	nited Liability Company	·		
The enclosed	l Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		ARLEN RODRIGUEZ				
			Name of Person			
		EBYAR PROFESSIONA	L OFFICE SERVICES			
		-	Firm/Company			
		2989 W STATE RD 434 S	SUITE 400			
			Address			
		LONGWOOD, F 32779			~	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	022 JA	7
For further in	iformation c	E-mail address: oncerning this matter, please o	to be used for future annual report notifical;	ation)		
ARLEN ROL	DRIGUEZ		407 6920101		PH 3:	â
	Name o	f Person	at ()	elephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
Reg Div	ling Addres histration S ision of C Box 632	Section orporations	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&K HANDYMAN SERVICES "L.L.C" (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/12/2019 Florida document number <u>L19000230578</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **D&KC CONSTRUCTION LLC** The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

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>	Name	Address	Type of Action
			∐Add
			Remove
			Change
			□Add
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