L20000 20194

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Na	me)
(De	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer.	

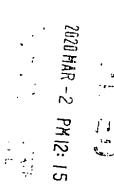
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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Con			
SUBJECT: DV0	Power Spray LL Name of Lin	C	
Source .	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Clifford	Lafontant Name of Person	
		Spray UC Firm/Company	
		Firm/Company	
	9125 NW	40th St Address	
	Surrise	FL 33351 City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (pray @ amail com	lification)
For further information co	oncerning this matter, please c	all:	
_Clifford La	fontant	at (954) 399 -	-0073
Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
√Z \$25.00 Filing 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)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Se Division of Co	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUD TOWER SPINY (Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on January 13, 2020 and assigned	d	
Florida document number <u>L 200000 2019 4</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ility 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)	2020 MAI		
	——————————————————————————————————————	T _j	
		der + n	
Enter new mailing address, if applicable:		3	
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>	istei	
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:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office o	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document	1	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Johnson, Mark	13303 SW 268+h Ter	□Add
		Homestead FL 33032	□Remove
			/Change
AMBR	Latoritant, Clifford	9125 NW 40th St	□Add
,	Synrise FL 33351	□ Remove	
			VZ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change

пат	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lf an ef Note:	tive date, if other than the date of filing:
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	February 21 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00