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COVER LETTER

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TO: Registration Sec Division of Corp			
UNDER	RDOG MAINTENANCE	& REMODELING, LLC	
SUBJECT: UNDER		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	THOMAS HAU	TAU	
		Name of Person	
	UNDERDOG MAI	NTENANCE & REMODE	LING, LLC _
		Firm/Company	
	4024 CLAREMON	T DRIVE	_
		Address	
	NEW PORT RICH	IFY. FL 34652	
	TIEW TORT MO.	City/State and Zip Code	
	UMR.LLC@OUTI	LOOK.COM	
	E-mail address: 0	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
THOMAS HAUT	AU	at (850) _743-8613	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	[X \$30.00 Fiting 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 Addre	Section	<u>Street Address:</u> Registration Se Division of Co	
Division of C P.O. Box 632		The Centre of	Fallahassee
Tallahassee,		2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

UNDERDOG MAINTENANCE & REMODELING, LLC

(<u>Name of the Limite</u>	d Liability Company as it now app A Florida Limited Liability Compan	y)	
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on $L20003$	02/03/2020 9676	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," tl	ne designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	_	
(Principal office address MUST BE A STREE			782
			FIL BURN 2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		PM 3: 50
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office address on ou s <u>s here</u> :	ir records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	LISA RODDENBERR	<u> </u>	
New Registered Office Address:	546 TRAILS END RI)	
New Neglicies of the Figure 1	Enter	Florida street address	
	QUINCY	Florid	
	City		Zip Code
New Registered Agent's Signature, if changing I			
I hereby accept the appointment as registere provisions of all statutes relative to the prop	d agent and agree to act in the er and complete performance	his capacity. I further of my duties, and I	er agree to comply with t 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THOMAS HAUTAU	4024 CLAREMONT DRIVE	🗆 X \dd
		NEW PORT RICHEY, FL 34652	🗀 Remove
AMBR	ASHLEE HOFF	4024 CLAREMONT DRIVE	🖎 Add
		NEW PORT RICHEY, FL 34652	□Remove
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			🗀 Change
		□ Add	
		□Remove	
			□Change

If amending any oth	ner information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
 	
(If an effective date is liste Note: If the date inse	her than the date of filing:
he record specifies a de ord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated APRIL 20	2020 LONG Human Signature of a member or authorized representative of a member
TH	OMAS HAUTAU
	Typed or printed name of signee

.

Filing Fee: \$25.00