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## **COVER LETTER**

	egistration Se ivision of Cor				4	
CHDICAL		ing, Pressure Wash & Paver Se	ealer LLC			
SUBJECT	:	Name of Lim	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	rn all correspo	ondence concerning this matter	to the following:			
		Melinda Harris-Snowden				
			Name of Person			
		D&G Painting, Pressure W	/ash & Paver Seater LLC			ري
			Firm/Company			(5)
		1102 Millbrook Ave				: ' - 'U 
			Address		32	ري . د د د
		Port Orange, FL 32127			ú Ego Ego	45 8 HW
		Office@D-GPainting.com	City/State and Zip Code to be used for future annual	report notification)	TARE -	40 ::
For further	information c	oncerning this matter, please ca		•		
Melinda H	arris-Snowder	n		1-8192		
	Name o	f Person	at () Area Code	Daytime Telephone Nu	ımber	_
Enclosed is	a check for the	ne following amount:				
	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Cert losed) Cert	00 Filing F tificate of S tified Copy itional copy is	Status &
	lailing Addres		<u>Street Ac</u> Registra	ddress: ation Section		
D	ivision of C	Corporations	Division	n of Corporations		
Ρ.	O. Box 632	27	The Cei	ntre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as (A Florida Limited Liabil	it now appears on our ity Company)	records.)		
The Articles of Organization for this Limited L. Torida document number	iability Company wer	e filed on 7/17/2020		_ and assi	gned
his amendment is submitted to amend the foll-	owing:				
a. If amending name, <u>enter the new name o</u>	f the limited liability	company here:			
he new name must be distinguishable and contain the v	ords "Limited Liability C	ompany," the designation	n "LLC" or the abbre	rviation "L.I . 3	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)					•
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	_		mm mm		
Enter new mailing address, if applicable:			25	ω. <b>(</b>	
		<del>.</del>	<u>, m</u>	F	
Mailing address MAY BE A POST OFFICE	<u> </u>				
	_	<del></del>	<del></del>	_	
3. If amending the registered agent and/or regent and/or the new registered office addre	• *	ess on our records,	enter the name o	of the new	regi
Name of New Registered Agent:	Melinda Harris-Sno	wden			
New Registered Office Address:	1102 Millbrook Ave	2			
	<del></del>	Enter Florida street	address		
	Port Orange		Florida	7	
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Melinda Harris-Snowden	1102 Millbrook Ave	
		Port Orange, FL 32127	□Remove
			■Change
			🗆 Add
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		## ## ## ## ## ## ## ## ## ## ## ## ##	
	date of filing:	(optional)	t to 605 0207
ffective date, if other than the	the specific and edition to prior to date or in		
fan effective date is listed, the date mus <b>Sote:</b> If the date inserted in this blo	ock does not meet the applicable statuto	my thing requirements, this date will not	
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fan effective date is listed, the date musi <u>Note:</u> If the date inserted in this blo locument's effective date on the Do	epartment of State's records.		
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fan effective date is listed, the date musi Note: If the date inserted in this blo locument's effective date on the Do record specifies a delayed effective	epartment of State's records. e date, but not an effective time, at 12:0		

Filing Fee: \$25.00