# L20 000 229117

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Document Number)	
Certified Copies Certificates of S	itatus
Special Instructions to Filing Officer:	
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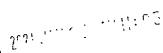
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2021 JAN 25 PH 12: 56 SECRETARY SECURITION

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2021

WADE DALLAS JR 6001 ENGLAND AVE ORLANDO, FL 32808

SUBJECT: 3D PROPERTY PRESERVATION LLC

Ref. Number: L20000229117

We have received your document for 3D PROPERTY PRESERVATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00000796

Octavia L Simmons Regulatory Specialist II Supervisor

www.sunbiz.org



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2020

WADE DALLAS JR 6001 ENGLAND AVE ORLANDO, FL 32808

SUBJECT: 3D PROPERTY PRESERVATION LLC

Ref. Number: L20000229117

We have received your document for 3D PROPERTY PRESERVATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00025040

Octavia L Simmons Regulatory Specialist II Supervisor

#### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	3D Propert	y Preservation into Liability Company	n LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wade 1	K. Dullas Jr	
		Name of Person  Ty Preservati  Firm/Company	
	6001	England HVE	
	Orlan	ido, FLA 32	808
	Wade Keith	1 do FLA 32 City/State and Zip Code 83 @ Out look.com to be used for future annual report noti	fication)
Var further information a	oncerning this matter, please of	·	,
		at $(\frac{457}{\text{Area Code}}) = \frac{3c}{7} = \frac{7}{9}$	1455
Name o	l'Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$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 Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED

OF	0000
3 D Property Preservation (Name of the Limited Liability Companion (A Florida Limited Liability Companion)	2021 JAN 25 PM 12: 56
(Nume of the Limited Limited Limited Common	y as it non appears on our requires by the state of
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on $\frac{O7/31/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.L.C" 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 acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Device and Amount	
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.

City

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 2021 JAN 25 PM 12: 56	Type of Action
MBR	Wude K. Dallas Tr.	SECRETARY OF CHAFE	діd
			□Remove
		6001 England Ave., Orlandy Fi	12808 14 Change
MGR	Payna Pullai	6001 England Ave., Orlandofi.	□Add
		Orlando, FL 38805	ERemove
			□Add
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	senature of a member or authorized representative of a member
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Filing Fee: \$25.00