LZ0000 252185

(Re	questor's Name)	<u>. </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
	D'S ADVA	ANCED MAINTENANCE, L.		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		DENNIS W. PILKINGTO	ON	
			Name of Person	
		D'S ADVANCED MAIN	TENANCE, L.L.C.	
			Firm/Company	
		6389 POST COURT		
			Address	
		SPRING HILL, FL 34600	5	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		DADVANCEDLLC@GM		
		E-mail address: (to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please ca	all:	
DENNIS W	/. PILKING	ГОМ	352 777-1107	
	Name o	f Person	at () Area Code Dayti	me Telephone 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 radditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres gistration S		Street Address: Registration S	ection
Div	ision of C	orporations	Division of Co	orporations
P.O). Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed : 5 - 2 : 19

D'S ADVANCED MAINTENANCE, L.L.		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record a Limited Liability Company)	15.)
The Articles of Organization for this Limited Liability (Florida document number L20000252185	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 1, -	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	s,s
	, Fl	orida
	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>	Name	Address	Type of Action
AMBR	MICHELE K HANDEL	477 ARCHWAY DR	□Add
		SPRING HILL, FL 34608	■Remove
			Change
	.		□Add
			□Remove
			□Change
			DAdd
			□Remove
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Effective date, if other than the dat	e of filing:	1. CCV	(optional)	
f an effective date is listed, the date must be: Note: If the date inserted in this block				
document's effective date on the Depar				
record specifies a delayed effective da	te, but not an effective time.	, at 12:01 a.m. on the earlie	er of: (b) The 90	th day after the
d is filed.				
SEPTEMBER 3	2020			
Dated	·			
<u> </u>	1/1/2			
//~ V · 73	11/1/			
Sign	nature a member or authorize	ed representative of a member		
Sign	ature a member or authorize	ed representative of a member		

D.

Filing Fee: \$25.00