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THE ED 2022 MAR 31 AM 10: 31 SECRETARY OF STATE

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### **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations AIDA PRIMER POWER WASH, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DIONELKY MORA GOMEZ Name of Person AIDA PRIMER POWER WASH, LLC Firm/Company 3624 SW SANTA BARBARA PL Address CAPE CORAL, FL 33914 City/State and Zip Code dmgrenovationsmora@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DIONELKY MORA GOMEZ Name of Person Enclosed is a check for the following amount: **≡** \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, □ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AIDA PRIMER POWER WASH, LLC	2022 M A D O L - MA	410, 22
(Name of the Limited Liabi	7077 MAD 2 L At lity Company as it now appears on our reco da Limited Liability Company)	HH) JC
	SECRETARY OF	STATE
The Articles of Organization for this Limited Liability	Company were filed on /10/18/2021	E. Fi. and assigned
Florida document number 1.21000453166	• •	•
Torica document manoer	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DMG RENOVATIONS, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
maning and tess MIT BETTT OF OTTION BOTT		
B. If amending the registered agent and/or register	ed office address on our records, ent	ter the name of the new register
agent and/or the new registered office address here		the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Para Divide and ad	
	Enter Florida street add	ITEM
		Florida
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

IN A DRIVATED BOWED WARLET LLC

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 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
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<b>Tective</b>	date, if other than the date of filing: (optional)
an effecti	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as: 's effective date on the Department of State's records.
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	
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ated	02/27/2012
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	Signature of a member or authorized representative of a member
	Signature of a number or authorized representative of a member

RECEIVED

### FLORIDA DEPARTMENT OF STATE AND PH 12: 11 Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FL

March 18, 2022

DIONELKY MORA GOMEZ 3624 SW BARBARA PL CAPE CORAL, FL 33914

SUBJECT: AIDA PRIMER POWER WACH LLC

Ref. Number: L21000453166

We have received your document for AIDA PRIMER POWER WACH LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Our records show no entity by this name.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 422A00006501