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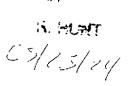
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|------------|
| SUBJECT: Dillon Remodeling LLC 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: | |
| Brian Dillon Name of Person | |
| Dillon Remodeling LLC | |
| 355 Haverlake Circle | • |
| Apopka FL 32712 City/State and Zin Code | |
| Hoopka FL 32712 City/State and Zip Code bdillon Ob @ gmail, com E-mail address: (to be used for future annual report notification) | 1.1 |
| For further information concerning this matter, please call: | <u></u> |
| Brian Dillon at (352) 444 0193 Name of Person Area Code Daytime Telephone Number | _ |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) | Status & . |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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

| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our recollity Company) | cords.) |
|--|--|---|
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L 21000505148</u> . | ere filed on $11/29$ | 202 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability Wekiva Services LLC The new name must be distinguishable and contain the words "Limited Liability | | LLC" 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) | | |
| | | <u> </u> |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | dress on our records, <u>en</u> | iter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ad | |
| | City | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| | and the state of the same of t | I fourth an armon to an armon be with the |

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 |
|--------------|-------------|----------------|-----------------------------------|
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| ective date, if o | her than the date of fili | ng: | (opti | ional) |
| te: If the date ins | erted in this block does not | nd cannot be prior to date of fil meet the applicable statuto | | |
| ument's effective | date on the Department of | 'State's records. | | |
| record specific | es a delaved effective | date, but not an effec | ctive time, at 12:01 | a.m. on the earlier c |
| | fter the record is filed | | | |
| he 90th day a | | | | |
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| | .4 14 | <u>, 2024</u> . | | |
| | 14 B Mar Signature of a | . 2024. Lillon | | |