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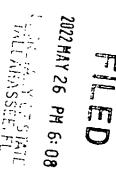
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: D35 Home Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Douglas Harris Name of Person
D3S Home Services, UC Firm/Company
7790 NE 121st Street
Bronson, FL 32621 City/State and Zip Code
E-mail address: (We be used for future annual report notification)
For further information concerning this matter, please call:
James Dauglas Harris at (352) 538-8188  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy  (additional copy is enclosed)

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

Street Address:
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 OF

FILED

D35 Home Service	es, LLC	2022 MAY 26	PM 6: 08
(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	GE STATE SSEE, FL
The Articles of Organization for this Limited Florida document number <u>しねんしい</u> い			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the c	designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appl	licable:		<del> </del>
Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or	· ·	ecords, <u>enter the name of t</u>	he new registe
Name of New Registered Agent:	James Douglas	Harris	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter F10)	rida 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.

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	Stephanie E. Dudley	7796 NE 1215+ Street	□Add
		Bronson, FL 32621	XRemove
			□Change
AMBR	James Douglas Harris	7790 NE 121st Street	<b>X</b> Add
		Bronson, FL 32421	□Remove
			□Change
			🗆 Add
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effective d te: If the o	ate is listed, the date inserted in	n this block doe	ific and cannot be	applicable statu			i <b>al)</b> ling.) Pursuant to 60 late will not be lis	
cord speci s filed.	fies a delayed	effective date, b	out not an effect	tive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day af	ter the
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