L22000187446

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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
Don with	Integrity Remodeling LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	Donald L Barnes III		
		Name of Person	······································
	Don with Integrity Remod	leling LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1081 Ohana Way Unit 103		
		Address	
	North Port FL 34289		
	- Table Walk	City/State and Zip Code	
	donbremodeling@gmail.co		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Donald L Barnes III		941-228-015 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration 5 Division of C P.O. Box 632 Tallahassec, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 27 AM 10: 49

Don with Integrity Remodeling LLC

(Name of the Limited Liability Company as it now appears on our records ALLAHASSEE, FL

The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000187446</u>	pany were filed on 04/19/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	g.	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	.:	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records. <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		FloridaZıp Code
	Cuv	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 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
AP	Virginia I Koerner		🗆 Add
		1081 Ohana Way Unit 105 North Port FL 34289	Remove
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			□Remove
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Effective date, if other than	the date of fi	ling:			(option	al)	
If an effective date is listed, the date Note: If the date inserted in th	is block does n	ot meet the ap	plicable statu	filing or more that tory filing requ	m 90 days after fi pirements, this d	ling.) Pursuani late will not	t to 605.0207 be listed as
document's effective date on the	ie Department o	of State's reco	ords.				
e record specifies a delayed efford is filed.	ective date, but	not an effecti	ve time, at 12:	:01 a.m. on the	earlier of: (b)	The 90th da	iy after the
Dated May 23		2022	·				

Typed or printed name of signee