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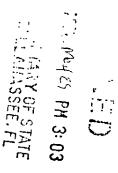
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## **COVER LETTER**

TO:

то;	Registration Section Division of Corporations	
SUBJE	ECT: DON WITH INTEGRITY REMODELING LLC Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	DONALD L. BARNES III.  Name of Person	
	DON WITH INTEGRITY REMODELING UL	ر
	3391 ORANGE RD Address	
	VENILE FL 34293 City/State and Zip Code	
	DONBRÉMODELING Q GMAIL : COM E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
Dac	NALD BARNES TTI at (941) - 228-0153  Name of Person Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
<b>≱</b> \$2	25.00 Filing Fee Solutional copy is enclosed Solutional Copy S	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DON WITH INTEGRITY REMODELING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	ny were filed on $04/19/2022$ and assigned
Florida document number <u>L22000 187446</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
THE NOBLE CRAFTSMEN	LLC
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
t reseption appearance in Co. 122 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	= 3 ;
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a	35.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	——————————————————————————————————————
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

## New Registered Agent's Signature, it 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□ Remove
			□Change
		···	□Remove
		+	□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
			□Change

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re.	tive date, if other than the date of filing: (optional)
(If an ef Note:	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	04/19/2024 
	Signature of a member or authorized representative of a member
	Donald L. Barnes III. Typed or printed name of signee