P98196000661

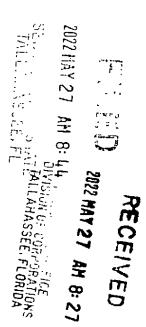
(Requestor's Name)
(Address)
(Address)
(2000)
(C) (O) (C) (C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(=======,
Continued Construent Control of C
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
<u></u> .

Office Use Only



700388566657

FOR THE SAME AND SAME



4 5/27/2022

COVER LETTER

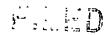
TO: Registration Section Division of Corporations
SUBJECT: Dubble Deez- Constate LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Desmond Washington Name of Person
Dubble Deez-Concrete
840 Bray XX Landing Blod
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Designor Mashington at GUY 3653885 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$525.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}}\$
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	AH 8: 44
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) TALL The Articles of Organization for this Limited Liability Company were filed on	o WIE
MALLA	SSEE.FL
The Articles of Organization for this Limited Liability Company were filed onand as	signed
Florida document number 400000869 .	
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 Liability Company," the designation "LLC" or the abbreviation "	L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u></u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of	ew registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	
Cir. Zip Coa	ť
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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar v	nply with the with and

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
AMGR	Desword Washington	840 Rongarte Landing Blue	/ WAdd
			□Remove
			□Change
AMBR	Patrica Withinton	840 Bonaparte LANding Bu	A E Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Renюve
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change

							
		·					
				<u> </u>			-
			·				
		<u> </u>					
							
					·		<u></u>
		- 				<u> </u>	
						·	
							
							
		· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · · · · · · · · · · · · ·					
	.		<u> </u>	<u>. </u>			
						_ (optional)	
n effective ste: If the	date is listed, the date inserted in	n the date of filit ate must be specific a this block does not the Department of	nd cannot be pric meet the appli	icable statutory	or more than 90 of filing requirem	days after filing.) Pu	rsuant to 605.020 I not be listed a
ecord specis filed.	cifies a delayed e	ffective date, but n	ot un effective	time, at 12:01	a.m. on the earl	ier of: (b) The 9	0th day after the
ited	MAY	27	2000	<u>}</u> .			
_	M	Supature of	a member or au	thorized represer	ntative of a memb	er	
	· •		A .				
		1 7= = MANON	1 11 ml	nted name of sig			

Filing Fee: \$25.00