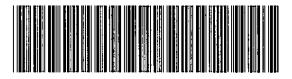
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(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Codification of Change					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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SECRETANI OF STATE

A. BUTLER AUG 3 0 2022

COVER LETTER

ro:	Registration Section Division of Corporations
SUBJI	ECT: D&D Demo & Junk removal LLC Name of Limited Liability Company
	nclosed Articles of Amendment and fee(s) are submitted for filing.
Pleasc	return all correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For i	further information concerning this matter, please call:
	Dulce M Perez at (808) 777-9551 Name of Person Area Code Daytime Telephone Number
	losed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

Name of the Limited 1	Demo & Junk remov	Val LLC 2022 JUN 13 AF	f 8: 55	
(A)	Liability Company as it now appears Florida Limited Liability Company)	SECRETALIZ OF TALLAHAS	STATE	
The Articles of Organization for this Limited Liabi	ility Company were filed on	6/4/22 and ass	igned	
Florida document number <u>L22000221072</u>	 .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company he	e <u>re</u> :		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.	IC."	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ecords, <u>enter the name of the ne</u> v	v registere	
Name of New Registered Agent:	-			
New Registered Office Address:	1117	· I		
	Enter Florida street address			
-	City	Florida Zip Code		
	•	гар Соме		
New Registered Agent's Signature, if changing Reg	istered Agent:	,	do u	

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
AMBR	Dulce M Perez	5445 Collins Ave APT Th4 Miami Beach, FL.	33140 ■ Ada
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			. □Add
			□Remove
			□Change
			□Add
			□ Веточе
			□ Change