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SECULIARY OF STATE

COVER LETTER

A Company of the Company

Tallahassee, FL 32314

ODELING LLC Name of Lim	ited Liability Company	
, Name of Lim	ited Liability Company	
mendment and fee(s) are sub	mitted for filing	
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REINALDO GARCIA		
	Name of Person	
	Firm/Company	
3297 66TH WAY N		
	Address	
Reyes 304 & E-mail address: (1	City/State and Zip Code AUI - COM to be used for future annual report notified.	fication)
ncerning this matter, please ca	all:	
	727 251-4853	
erson	Area Code Daytime	e Telephone Number
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■ \$30.00 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)
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	ST PETERSBURG, FL 33 Peyes 30 4 & E-mail address: (incerning this matter, please can be called a second following amount: \$\Bigsir \$30.00\$ Filing Fee & Certificate of Status	Firm/Company 3297 66TH WAY N Address ST PETERSBURG, FL 33710 City/State and Zip Code Reyes 304 W Aul Cons E-mail address: (to be used for future annual report notineerning this matter, please call: at (727

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & D 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 Company were filed on OCTOBER 31, 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: D&R BUY AND SELL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			□Add
			□Remove
			□ Change
			□Add
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n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior does not meet the applications.	to date of filing or more that this statutory filing requ	n 90 days after filing.) Pursuar irements, this date will not	n to 605.0207 be listed as
cument's effective date on the Depa		·····		
	ate, but not an effective ti-	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
cord specifies a delayed effective da is filed. NOVEMBER 23		,		
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is filed. NOVEMBER 23 ted		fized representative of a m	ember	

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