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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

F.D.M.M CO	ONSTRUCTION LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	FRANCISCO MIRANDA	MIRANDA		
		Name of Person		
		Firm/Company		,
				STORE THE STORE
		Address		
	City/State and Zip Code		SECULLARIA SEL FL	
	E-mail address: (to be used for future annual report notif	ication)	777
For further information co	oncerning this matter, please c	all:		
Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S		Street Address: Registration Sec	tion	
Division of Co	orporations	Division of Con The Centre of T	oorations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F.D.M.M CONSTRUCTION LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000496904	were filed on 11/21/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
DANIEL'S DM ROOFING LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1735 MIDSUMMER AVENUE
(Principal office address MUST BE A STREET ADDRESS)	APOPKA FL 32712
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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
	Circ Zin 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, <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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Add
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ffective date, if other than t	03/13/2023	(optional)	
an effective date is listed, the date i	must be specific and cannot be prior to date of filing s block does not meet the applicable statutory	or more than 90 days after filing.) Pt	irsuant to 605.020 II not be listed a
ocument's effective date on the	e Department of State's records.		
	ctive date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 9	Oth day after the
record specifies a delayed effec			
is filed.	2023		
is filed.	2023 0 Zu Malle		
record specifies a delayed effect is filed. ated	2023 V Swy Med Significant of a member or authorized represent	ative of a member	

Filing Fee: \$25.00