

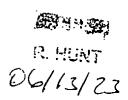
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:	DCS Interior Fi	nishes LLC		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Dylan Crock		
		Name of Person	·:'	red (11) r - 2 (5-2) (1-1)
		Firm/Company		- ·:
	2575	University Pkwy	Apt #310 555	PH 2
	Soroson	Firm/Company Variety Pkwy Address La, FL 3424	3	TATE -
	du	lancrock@gmail. Cor	~	
For further information c	E-mail address: oncerning this matter, please o	to be alled the total annual report	notification)	
Dylan C	rock	at (734) 74 Area Code Da	0-0235	
Name o	f Person	Area Code Da	ytime Telephone Number	
Enclosed is a check for the	he following amount:			
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address		Street Addres Registration		
Registration :		_	Corporations	

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCS Interior Fi	iniphes LLC
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L230 00248555</u>	Company were filed on May 22, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Elite Interior Finishes LLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
	手記 w i
Enter new mailing address, if applicable:	PH 2:
(Mailing address MAY BE A POST OFFICE BOX)	「一一
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
+	Enter Florida street address
	, Florida
	City Zip 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 th 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 lerson(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
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n effective date is listed.	the date must be snee	rific and ca	nnot by pric	or to date of	filing or mo	re than 90 c	_ (options lays after fili	ar) ng.) P	ursuant	to 605. 03
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ecord specifies a delay is filed.	yed effective date, b	but not an	effective (time, at 12	:01 a.m. oi	the earlie	er of: (b)	The 9	0th da	y after ti
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	Signatur	of a men	nber or auth	norized repr	esentative o	f a member				