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Division of Corporations

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: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D&S CONSTRUCTION AND RENOVATION LLC

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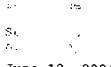
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June 12, 2024

FLORIDA DEPARTMENT OF STATE

DAS CONSTRUCTION AND RENOVATION LLC

382 NE 191ST ST #182900 MIAMI, FL 33179US

SUBJECT: D&S CONSTRUCTION AND RENOVATION LLC

REF: L23000426384

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H24000203237 Letter Number: 024A00012785

COVER LETTER

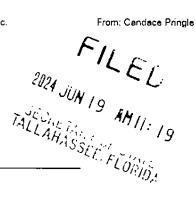
	legistration Se Division of Cor			
SUBJECT		STRUCTION AND RENOVA	TION LLC	
SUB/ECT	'	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ım all correspo	indence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin,TX 78717		
			City/State and Zip Code	
		dsconstruction.renolle@gm		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	dl:	
Mike Tow	n		800 773-0888	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, El. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



D&S CONSTRUCTION AND RENOVATION 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 09/13/2023 and assigned Florida document number 1.23000426384 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 "LLC." 144 S Elm St. Enter new principal offices address, if applicable: Fellsmere, FL 32948 (Principal office address MUST BE A STREET ADDRESS) PO Box 1001 Enter new mailing address, if applicable: Fellsmere, FL 32948 (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 _. Florida __

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

MGR = Manager

To:

☐ 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:

AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
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]	Dated 06/10/2024			
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	Varra n	Signature of a member or authorized repres	semative of a member	
	Daniel Amezquita			

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