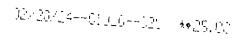
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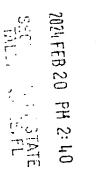
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COVER LETTER

D&N CONSTRUCTION LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DONAVON CARVER	
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DONAVON CARVER D&N CONSTRUCTION	
Name of Person	
D&N CONSTRUCTION Firm/Company 95297 SANTA JUANA RD Address FERNANDINA BEACH, FL 32034 City/State and Zip Code donavoncarver15@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DONAVAN CARVER 904 604-0043 at (
Firm/Company 95297 SANTA JUANA RD Address FERNANDINA BEACH, FL 32034 City/State and Zip Code donavoncarver15@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DONAVAN CARVER 904 at (
Address FERNANDINA BEACH, FL 32034 City/State and Zip Code donavoncarver15@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DONAVAN CARVER Post of Person Solution annual report notification For further information concerning this matter, please call: DONAVAN CARVER Area Code Daytime Telephone Number Enclosed is a check for the following amount: Solution of Status Certified Copy (additional copy is enclosed) Certified Copy-	
FERNANDINA BEACH, FL 32034 City/State and Zip Code donavoncarver15@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DONAVAN CARVER 904 604-0043 at (
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DONAVAN CARVER 904 604-0043 Enclosed is a check for the following amount: Second Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Co	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DONAVAN CARVER 904 604-0043 at (
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Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{l} \text{ at Code} \text{ Daytime Telephone Number} \end{array}\$ Enclosed is a check for the following amount: \$\begin{array}{l} \$55.00 Filing Fee &	
Enclosed is a check for the following amount: ### \$25.00 Filing Fee ### \$30.00 Filing Fee ### \$55.00 Filing Fee ### \$60.00 Filing Fee ### Certificate of Status	
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Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy—	
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Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	PH 2: 40

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

D&N CONSTRUCTION LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000056828</u>	were filed on $\frac{01/31/2024}{}$ 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:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	DONAVON CARVER		
(Principal office address MUST BE A STREET ADDRESS)	95297 SANTA JUANA RD		
	FERNANDINA BEACH, FL 32034		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Enuning address MAT IN. A COST OF CICL 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 registere		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply 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 decument 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, 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	DONAVON CARVER	95297 SANTA JUANA RD	≣ Add
		FERNANDINA BEACH, FL 32034	☐Remove
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		<u>-</u> -	□Add
			□ Remove
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Effective date, if other than the c	date of filing:		(o	ptional)	
	be specific and cannot b	e prior to date of filin	ig or more than 90 days a	fter filing.) Pursua	int to 605,02
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Filing Fee: \$25.00