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COVER LETTER

Div	rision of Corp	ocations				
SUBJECT:	FRENCH DRAINS SYSTEMS & MORE, LLC					
	·	Name of L	imited Liability Company		<u> </u>	
The enclosed	l Articles of A	mendment and fee(s) are so	abmitted for filing.			
		dence concerning this matte	_			
		J	J			
		Shazam Ramjohn			,	
			Name of Person		 ,	
		FRENCH DRAINS SYS	TEMS & MORE, LLC			
			Firm/Company		~- <u></u>	
		11428 30th Cove East				
			Address			
		Parrish, FL 34219				
			City/State and Zip Code			
		info@shazamsrepair.com E-mail address:	(to be used for future annual	report potificati	on)	
For further in:	formation con	cerning this matter, please o		report notificali	011)	
Shazam Ram		, proude		31-9814		
	Name of P	ercon	at () Area Code		ephone Number	
	rance of t	erson.	Mea Code	Daytine Ter	epnone Number	
Enclosed is a	check for the	following amount:				
≣ \$25.00 Fii	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Maili	ng Address:		Saura A.			
Registration Section			Street Address: Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						
	,			ssee, FL 323	**	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRENCH DRAINS SYSTEMS & MORE, 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 2/08/2024 and assigned Florida document number L24000072647 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FRENCH DRAIN SYSTEMS & MORE, 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) 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.

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

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
			□Add
			□Remove
			□Change
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			*** <u></u>	
Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the appli	cable statutory filing	(optional) re than 90 days after filing requirements, this date) g.) Pursuant to 605,0207 (3 g will not be listed as th
e record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) Ti	he 90th day after the
Pebruary 13,	2024			
1,				
	gnature of a member or and	orized representative o	f a member	
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Filing Fee: \$25.00