L24000106971

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COVER LETTER

TO:

Registration Section

Div	ision of Corp	orations			
SUBJECT:	DRY TECH	MOLD RESTORATION LL	c: Amended and Restau	ud Arrivus of organization	
		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		CODY MEADE			
	DRY TECH MOLD RESTORATION LLC				
			Firm/Company		
	Address				
		PALM SPRINGS, FL 3340	51		
			City/State and Zip Code		
		DRYTECHMOLDRESTOR	_		
		E-mail address: (to be used for future annual report notifica	ition)	
For further in	nformation co	neerning this matter, please co	all;		
LAUREN P	AYNE		561 788-6314 at ()		
Name of Person		Person		elephone Number	
Enclosed is	a check for the	e following amount:			
■ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re Di P.0	gistration S vision of Co D. Box 632 llahassee, F	ection orporations	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Strallahassee, FL 3	rations lahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRY TECH MOLD RESTORATION LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on MARCH 1ST 2024	and assigned
Florida document number L24000106971		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		25 N
Inter new mailing address, if applicable:		L ST
Mailing address MAY BE A POST OFFICE BOX)	-	
naming address WAT BE A FUST OFFICE BOX		
		- 23 3 0 -
3. If amending the registered agent and/or registered offi	ce address on our records, enter the	nomenista nove regista
gent and/or the new registered office address here:	ce address on our records, enter the	> O
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	Ziv 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, 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	CHANCE M MARDEN-RIZZO	5901 NE 18TH AVE	□Add
		FORT LAUDERDALE. FL 33334	Remove
			□ Change
AR	CHANCE M MARDEN-RIZZO	5901 NE 18TH AVE	■Add
		FORT LAUDERDALE, FL 33334	□Remove
			□ Change
AR	CODY M MEADE	965 MANOR DR. SUITE 12A	
		PALM SPRINGS, FL 33461	≅ Remove
			□Change
AMBR	CODY M MEADE	965 MANOR DR. SUITE 12A	≣ ∧dd
		PALM SPRINGS, FL 33461	□Remove
		-	□ Change
			⊡Add
			□Remove
			□Change
			□Remove
			□ Change

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				<u></u>	
	d in this block does n	iot meet the applicab	date of filing or more th	(optional) nan 90 days after filing.) puirements, this date w	Pursuant to 605,0207 vill not be listed as
ffective date, if other an effective date is listed, ote: If the date inserte beament's effective date.		nat an afficiency	e, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
ote: If the date inserte	ed effective date, but	not an effective tim			
ote: 11 the date inserte beament's effective dat record specifies a delay	ed effective date, but	2024	<u>.</u> .		
ote: If the date inserte ocument's effective dat record specifies a delay is filed.	- XX	, 2024	<u>.</u> .		
ote: If the date inserte ocument's effective dat record specifies a delay is filed.	- XX	, 2024	zed representative of a	member	

LAUREN PAYNE

CONTACT:

(561) 788-6314

Return Address: 965 Manor Drive APT 12A

Palm Springs, FL 33461

RECIPIENT:

Division of Corporations, P.O. Box 6327 Tallahassee, FL 32314 To whom it may concern,

This cover letter is to accompany the amendment form I completed to amend the Articles of Organization of a FL LLC, Dry Tech Mold Restoration LLC. I have provided my contact information and return address as requested.

Sincerely,

Lauren Payne