

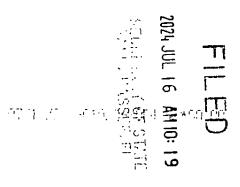


	(Requestor's Name)
 -	(Address)
	(Address)
	(City/State/Zip/Phone #)
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ALLAMASSEE FLORIDA

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P. 1

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dobson Home Improvement IIC 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:
Michael A. Dobson Name of Person
Dobson Home Improvement 11C
56 Limann Rd Jax FT 32234
Jackstrulle Florida 32234 City/State and Zip Code
Cobsonmichael 633 @gmail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Dobson at (904) 507-1600 Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array} \$\$25.00 \text{ Filing Fee} & \$\$55.00 \text{ Filing Fee} & \$\$Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dobson Hon (Name of the Limited Link) (A Fi	inhility Compar	ny as it naw al	Dears on our	records.)	LLC	
The Articles of Organization for this Limited Liabili	ity Company		α	124	and assigned	i
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liab	ility compar	v here:			
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	lity Company."	the designatio	n "LLC" or the	abbreviation C.	77 77
Enter new mailing address, if applicable:					AHIO: 19 SEE, FL	
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address h	stered office	address on	our records	, enter the na	ame of the new re	gistered
Name of New Registered Agent:				<u> </u>		
New Registered Office Address:		Ent	er Florida strec	et address		_
-		City		, Florida	Zip Cook	

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

Title	<u>Name</u>	Address	Type of Action
Ambr	Angelo Diaz	56 limann rd	X ∧dd
	V	Jacksonuille Fl	□Remove
		30234	□Change
Ambr	Caleb Brown	510 Duval Circle	(X Add
		apt 407 Januar Baldwin	□Remove
		F1 32234	Change
<u>Ambr</u>	Nah Diaz	56 Limann Rd	JX /Add
		Jackson ville Fl	□Remove
		32034	DChange
			□ Add
			□Remove
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			□Remove
			□Change

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record d is file	•	elayed effective date	e, but not	an effective t	ime, at 12:01 a	.m. on the ca	rlier of: (b)	The 90th day at	ter the
Dated _	July	y 16th	·	3037	<u>L</u> .				
	2	Michelle Signa	ature of a n	Donember or auth	orized represent	ative of a mem	ber		
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