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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Demps Get In Construction 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:
Name of Person
Demos Get In Constituction Firm/Company
115 NW 7st Ave
South Boy F1 33493  City/State and Zip Code
E-mail address: (the be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (Stel.) 449-1318  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

### MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anns Get Til Construction

(Name of the Limited Liability (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number		OU 3P, 3017 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit the new name must be distinguishable and contain the words "Limit the new name must be distinguishable and contain the words "Limit the new name must be distinguishable and contain the words "Limit the new name of the limit the new name of the new name of the limit the new name of the	It In Con	Struction, LCC ation "LLC" or the abbreviation "L,L,C,"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		, ;
Enter new mailing address, if applicable:		2. 20 common	•32
		CONTRACTOR	بنائة
(Mailing address MAY BE A POST OFFICE BOX)		2 3	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our	3F. W	<u>w</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st.	reet address	
		, Florida	
	City	Zip 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 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 \_□ Add \_□ Remove \_□ Change □ Add □ Remove \_□ Change □ Add □ Remove \_□ Change □ Add \_□ Remove \_ Add

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lfane <u>Note</u>	tive date, if other than the date of filing:  (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date we ment's effective date on the Department of State's records.  Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of	ill not be l	isted as th
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Filing Fee: \$25.00