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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
DUYN CO	ONSTRUCTION, LLC S	Corp	
SUBJECT:		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALLEN DUYN		
•		Name of Person	
	DUYN CONSTRUCTION	N, LLC	
		Firm/Company	
	113 E. Milan Ave.		
		Address	
	Venice, Florida 34285		201 3E TAL
	,	City/State and Zip Code	TCR 1
	AprilD@kbontheisle.com	to be used for future annual report notif	2017 JUN 26 SECRETARY ALLAHASSE
For further information of	concerning this matter, please or	·	1 P
April Duyn		adı üsü	STATE STATE
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
Regist	ING ADDRESS: ration Section	STREET/COURIE Registration Section	n

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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUYN CONSTRUCTION, LLC S Cor (Name of the Limited Liability Comp (A Florida Limited		s on our records.)	
The Articles of Organization for this Limited Liability Compan			ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the de	esignation "LLC" or the abbreviation "L	LL.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		LEC TO AND THE TANK T	
!		SSEE SEE	Ш
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		31718 31718	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on re:	our records, enter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:			
£"	Enter Flori	ida street 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>	Name	Address	Type of Action
MGR ·	APRIL DUYN	113 E. Milan Ave	🗖 Add
		Venice, Florida 34285	Remove
3			☐ Change
			☐ Add ³
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			SECRETARY
			FLORIDA H
		***	△ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change

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(If an c Note	tive date, if other than the date of filing: (optional) flective 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 when it is effective date on the Department of State's records.	Pursuant to 6 vill not be F	605.0207 (3)(I isted as the
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of e90th day after the record is filed.	on the ear	rlier of:
Α.	d June 21 . 2017 .		
Date			
Date	Signature of a member or authorized representative of a member	*	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00