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PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE

Office Use Only

COVER LETTER

Division of Corporations SUBJECT: DEICHMAN CONSTRUCTION LLC (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: LINDA DEICHMAN (Name of Person) **DEICHMAN CONSTRUCTION LLC** (Firm/Company) 155 CARLYLE DRIVE (Address) PALM HARBOR, FL. 34683 (City/State and Zip Code) For further information concerning this matter, please call: at (727) 784-6900 (Area Code & Daytime Telephone Number) LINDA DEICHMAN (Name of Person) Enclosed is a check for the following amount:

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☑\$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

09 JAN - 6 PM 1: 47
SECRETARY OF STATES
FALL AHASSEE FLORIDA

DEICHMAN CONSTRUCTION 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 L	iability Company were filed on 01/16	/07 and assigned
Florida document number L07000004860	 ·	
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name o	of the limited liability company here	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compan	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	,
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o		r records, enter the name of the new
Name of New Registered Agent:	LINDA DEICHMAN	
New Registered Office Address:	155 CARlyle]	Per Florida street address) Florida 34683 (Zip Code)
	Pal Aagha (Ent	er Florida street address)
	144 MACUBE	, Florida 34683
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	GREGORY DEICHMAN	155 CARLYLE DRIVE PALM HARBOR, FL 34683	Add Remove
MGR_	LINDA DEICHMAN	155 CARLYLE DRIVE PALM HARBOR.FL 34683	Add Remove
			Add Remove
•			Add Remove
			Add Remove
<u></u>			Add Remove
D. If an	nending any other information, ent	er change(s) here: (Attach additional sheets, if nec	essary.)
	We are just adding an additional m	ember and leaving Gregory Deichman as managing	MAY GO
Dated _	December 30	2003	-6 PH I: 47 ANY OF STATE SSEE FLORID
_	Signature of	a member or authorized representative of a member	
	GREG	Typed or printed name of signee	

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Filing Fee: \$25.00