

LD8000075306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

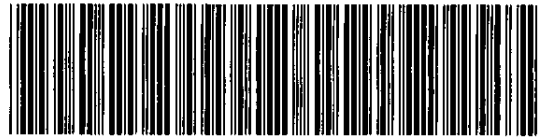
Special Instructions to Filing Officer:

L. SELLERS

DEC 22 2008

EXAMINER

Office Use Only



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11/24/08--01017--001 **35.00

FILED

08 DEC 19 AM 8:01

SOUTH DAKOTA
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DC CONSTRUCTION PARTNERS 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:

DANIEL DILIOIA
(Name of Person)

DC CONSTRUCTION PARTNERS LLC
(Firm/Company)

17942 HANCOCK BLUFF RD.
(Address)

DADE CITY, FL. 33523
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL DILIOIA at (727) 638-5245
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2008

DANIEL DICIOLLA
17942 HANCOCK BLUFF ROAD
DADE CITY, FL 33523

SUBJECT: DC CONSTRUCTION PARTNERS, LLC
Ref. Number: L08000075306

We have received your document for DC CONSTRUCTION PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 408A00058753

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DC CONSTRUCTION PARTNERS 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 Liability Company were filed on 8/6/08 and assigned
Florida document number 408000075306

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17942 HANCOCK BLUFF RD
DADE CITY FL 33523

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17942 HANCOCK BLUFF RD
DADE CITY FL 33523

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DANIEL DELIOIA

New Registered Office Address:

17942 HANCOCK BLUFF RD

(Enter Florida street address)

DADE CITY, Florida 33523

(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 Changing Registered Agent, Signature of New Registered Agent)

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:

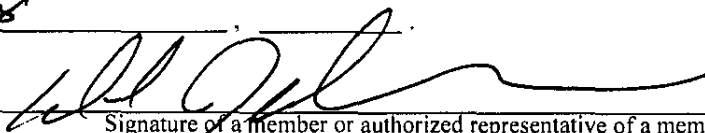
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	DANIEL D'ICILIA	17942 HANCOCK BLUFF RD DADA CITY FL 33523	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Deborah LaFleur	2753 SHEARWATER ST. CLEARWATER FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

12/12/08



Signature of a member or authorized representative of a member

DANIEL D'ICILIA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 DEC 19 AM 8:01

FILED