(Re	equestor's Name)	
(Ác	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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	Office Use Or	nlv



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## **COVER LETTER**

TO: Registration Secondary			
SUBJECT: "De	Stin Group, LLC	D∞ # L11000	2022131
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Camil	O Giraldo Name of Person	
		Name of Person	
	Destin Grou	JR 4C	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	49 Garnett B	Bayou Ad	
		Address	
	Sarta Rosa	Beach, FL 32459	
	My Emerald C E-mail address: (1	Beach FL 32459 City/State and Zip Code  Oasto gma, 1. com  to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Camilo Name o	Giraldo	at ( <u>850</u> ) 687. C	×0.74
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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

# ARTICLES OF AMENDMENT TO 'ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 8:00 am February 22, 2011 and assigned
Florida document number <u>L11000022131</u> .	
riorida document namber	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
South Eastern Industria Con The new name must be distinguishable and contain the words "Limited Liabi	struction, LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
Enter new mailing address, if applicable: $\wedge / A$	
(Mailing address MAY BE A POST OFFICE BOX)	- <del>- 3</del>
	337
	ASA 2
B. If amending the registered agent and/or registered o	
registered agent and/or the new registered office address her	
	- OR
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	± N(A
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	inging 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:  $\mu/\Delta$ 

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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n effective date ote: If the date	if other than the danger is listed, the date must be the e inserted in this block ctive date on the Depart	specific and cannot does not meet the	t be prior to date o e applicable sta	of filing or more that	ı 90 days after fili	ng.) Pursu	ant to 60 ot be lis	 05.02 sted
	ecifies a delayed ef ay after the record		but not an e	ffective time,	at 12:01 a.m	ı. on th	e ear	lier
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Filing Fee: \$25.00