## 11100050925

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(Address)					
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T. CLINE

DEC 1 2 2011

EXAMINER



October 18, 2011

JUSTIN JARJOURA 905 WITHERSPOON LN APT W DELRAY BEACH, FL 33483

SUBJECT: DELRAY CONSTRUCTION SERVICES, LLC

Ref. Number: L11000050925

We have received your document for DELRAY CONSTRUCTION SERVICES, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 311A00023828

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DELRAY CONSTRUCTION SERVICES; L.L.C.  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:
JUSTIN JARJOURA  Name of Person
DELRAY CONSTRUCTION SERVICES, L.L.C. Firm/Company
905 WITHERSPOON LANE, UNIT W
DELRAY BEACH, FL. 33483  City/State and Zip Code
J-JARJOURA @ Hotmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TUSTIN JARJOURA at (561) 860 - 6770  Name of Person 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{\$\ \text{Certified Copy (additional copy is enclosed)}} \t

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 Liabilit (A Florida	y Company as it now appears Limited Liability Company)	s on bur records.)	<u>·</u>	
The Articles of Organization for this Limited Liability of Florida document number <u>L // 00050925</u>		PRIL 29,2	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	sited liability company here	2:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compar	ny," the designatio	n "LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	$\overline{}$		
			EC-9	
Enter new mailing address, if applicable:		<i>P</i>	mo T	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		STATE CORITE	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>ent</u>	er the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ente	er Florida street	address	
	. Florida			
<del></del> -	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 <u>Title</u> <u>Name</u> **Address** Type of Action MICHAEL T. COLLIN MGR ₩Add Remove  $\prod Add$ ☐ Remove ☐ Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated DEC. 02 or authorized representative of a member ARJOURA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00