211000122496

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. WARREN JUN 2 1 2017

COVER LETTER

Divi	sion of Corp	porations					
SUBJECT:	3D CONST	RUCTION LLC					
SOBJECT.		Name of Limi	ited Liability Company				
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		DANIELE E PINTO					
			Name of Person				
		3D CONSTRUCTION ELO	2				
	Firm/Company						
		11072 BARBIZON CIR E					
			Address				
		JACKSONVILLE, FL 322.	57				
			City/State and Zip Code				
		KARIOCA26@HOTMAIL.					
		E-mail address: (t	o be used for future annual report notific	ration)			
For further inf	formation co	ncerning this matter, please ca	H:				
Name of Person		at ()	Telephone Number				
Enclosed is a	check for the	following amount:					
■ \$25.00 Fit	ling 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:

TO: . Registration Section

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

Company as it now appears (Limited Liability Company)	on our records.)
ompany were filed on $\frac{10/2}{2}$	and assigned
ed liability company here	: :
ed Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."
ESS)	
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···	
ered office address on a	our records onton the name of the name
ered office address on c ess here:	our records, <u>enter the name of the nev</u>
ered office address on o	our records, enter the name of the nev
ess here:	our records, enter the name of the new
ess here:	street address
ess here:	
Enter Florida City Agent:	street address, Florida
	empany were filed on 10/27 ed liability company here ed Liability Company." the desi

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 Title Name **Address Type of Action** _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add _□ Remove _□ Change _□ Add ☐ Remove ____

Change □ Add □ Hemove

□ Change

			
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ive date, if other than the d	late of filing:	(op	otional)
ective date is listed, the date must be	be specific and cannot be prior to date o ck does not meet the applicable stat	titing or more than 90 days at utory filing requirements, t	his date will not be liste
if the date inserted in this bloc	partment of State's records.		
ent's effective date on the Dep			
ent's effective date on the Dep cord specifies a delayed	effective date, but not an ef rd is filed.	fective time, at 12:01	i a.m. on the earlie
ent's effective date on the Dep	effective date, but not an ef rd is filed. 2017	fective time, at 12:01	i a.m. on the earlie
ent's effective date on the Dep ord specifies a delayed of 90th day after the recor	rd is filed.	fective time, at 12:01	a.m. on the earlie
ent's effective date on the Dep cord specifies a delayed of 90th day after the record 06/06	rd is filed.		a.m. on the earlie
ent's effective date on the Dep cord specifies a delayed of 90th day after the record 06/06	rd is filed.		a.m. on the earlie

Page 3 of 3