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TO:	Registration Sect Division of Corpo			•		•	
SUBJI	ECT:	Diversified Bui	Iding Contractors LL	.C			
		Name of Lim	ited Liability Company				
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.				
Please	return all correspond	dence concerning this matter	to the following:				
			Michelle Ritchel				
		Name of Person					
		Diversified Building Contractors LLC					
			Firm/Company		-		
		11101 Shady Lane		Z×	三		
		Address			P. C.	BIZ MAY	
	Riverview Florida 33569			ASS.) I		
·			City/State and Zip Code		- <u>m</u> e	Ž	F
Sri eddraeg			tchel@tampabay.rr.com (to be used for future annual report notification)		OF STATE	ట్	A STATE OF
For fur	ther information cor	ncerning this matter, please of		. nounsumon,	Ş.F.	රෝ අට	
	Mich	elle Ritchel	at (813)	562-5479			
		aytime Telephone Number	er				
Enclos	ed is a check for the	following amount:					
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certifie	iling Fee, ate of Sta d Copy mal copy	atus &	osed)
		NG ADDRESS: ion Section	STREET/CO Registration	DURIER ADDRESS: Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divers	ified Buildir	ng Contractor	rs LLC		
(Name of the Limite	d Liability Comp A Florida Limited	pany as it now app I Liability Company	ears on our record: /)	<u>s.</u>)	
The Articles of Organization for this Limited I Florida document numberL1200001	•	ny were filed on _	February 02 2	2012 and	assigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	ability company l	iere:		
	N	/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Li	mited Liability Con	npany," the designat	و پراسا	e abbreviation
Enter new principal offices address, if appli	cable:	N/A		<u> </u>	
(Principal office address MUST BE A STRE	ET ADDRESS)			16 36 17	
				7) 32	577
				99 &	(many)
Enter new mailing address, if applicable:	N/A		Dr. 60		
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>		·
B. If amending the registered agent and registered agent and/or the new registered of	-		n our records, <u>e</u> 1	nter the name	e of the new
Name of New Registered Agent:	N/A				· · ·
New Registered Office Address:	N/A				
		Enter Florida street address			
		, Florida			
		City		Zip C	ode

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 **Type of Action Title Name Address** Kenneth Ritchel MGR 11101 Shady Lane ☐ Add Riverview Florida 33569 ✓ Remove ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 14 2012 Dated_ Signature of a member or authorized representative of a member Michelle Ritchel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00