# L120V0016275

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## **COVER LETTER**

SUBJECT:		ding Contractors LLC led Liability Company	
	mendment and fee(s) are sub	_	12 9L 30 PM 3: 26
		Michelle Ritchel Name of Person	PH 3: 26
	Diversified Building Contractors LLC Firm/Company		
11705 Boyette Road Suite 463 Address			
	Riverview Florida 33569  City/State and Zip Code		
	DiversifiedE E-mail address: (t	BuildingContractors@msn.co	om uion)
For further information cor	ncerning this matter, please co	all:	
Michelle Ritchel  Name of Person		at ( 813 ) 5  Area Code & Daytime 7	62-5479 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:**

TO:

Registration Section Division of Corporations

> 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 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 \_\_\_ February 02 2012 L12000016275 Florida document number \_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: 11705 Boyette Road Suite 463 (Principal office address MUST BE A STREET ADDRESS) Riverview Florida 33569 11705 Boyette Road Suite 463 Enter new mailing address, if applicable: Riverview Florida 33569 (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address . Florida \_

### 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.

City

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** ☐ Add Remove ☐ Add ☐ Remove ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 14 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