LIA0000532A0

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>,</u>
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations		·
SUBJECT: Name of Lin	Constouchor, LCC	
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
	Name of Person	
	DMJ Construction Firm/Company	
150		
	Brackenton, F1 3128 City/State and Zip Code	214 Jul 4
E-mail address:	hancits a guril, com	
For further information concerning this matter, please of	call:	2: 15
Name of Person	at (<u>941</u>) <u>205 - 60</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \$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 Compar		
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4200053220.	were filed on 7//9/ <u>/</u> &	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1504 both St E Brodenton, Fl	34208
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, ente	r the name of the new
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
Now Designated Agent's Signature if shanging Designated Agents	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Add
			Remove
			□ Add
			Remove
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			□ Add
			☐ Remove

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he date thi	date, if other than the date of filing: e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State) (optional)
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the date thi	Suly 2, 2014. Shaw Johns

Page 3 of 3

Filing Fee: \$25.00

