L12000075009

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE TAILAHASSEE. FLORIDA

DIVISION OF CORPORATION
15 MAY 28 PM 4: 30

MAY 2 9 2015

MARONI S

COVER LETTER

TO:

Registration Section

Division of Corpor	ations '	•			
SUBJECT: DZ	NTZ Ser	U'CES L			
The enclosed Articles of Am	andmont and fac(a) are subm	witted for Glina			
		-			
Please return all corresponde	nce concerning this matter to	o the following:			
	Da	niel Fults			
		Name of Person			
		Firm/Company			
	1280	Wagnet Landing	DC		
	Atlanti	Black FC 3 City/State and Zip Code	32233		
-	D ZUTZ S E-mail address: (to	ery/state and zip code Cry/cs	ail-cou	^	
For further information conc	erning this matter, please cal	II:			
Name of Per	tults	at (104) 376-03	36S		
Name of Fe	rson	Area Code Daytinie Telep	mone Number		
Enclosed is a check for the fo	Manine eventure				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certificate of Certified Contact (additional contact)	of Status opy	
Registratio Division of P.O. Box 6	f Corporations	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ARY OF SSEE, FI	15 MAY 28 PM 4: 30	FILED SECRETARY OF STATE IVISION OF CORPORATIONS

TO ARTICLES OF ORGANIZATION OF

D7.N1 L Service	ces U			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears or bility Company)	our records.)		
The Articles of Organization for this Limited Liability Company w Florida document number L1200075009	vere filed on	6/05/2	20 2 an	d assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability TXP Construction The new name must be distinguishable and contain the words "Limited Liability	LLC		the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)) 	SECRETARY OF S	SECRETARY OF STREET
B. If amending the registered agent and/or registered office address here:	ce address on ou	ır records, e	inter the h	RATION the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
		, Florid	la	
	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 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

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(If an eff Note:	ive date, if other than the date of filing:	505.0207 (3)(b) isted as the
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	rlier of:
Dated	5-22-15	
	Signature of a member or authorized representative of a member 200 AR OR Typed or printed name of signee	, ,
	ORPOS PR COF S	t ;
	است الحديث المراح ا	
	Filing Fee: \$25.00	

D. If amending any other information, enter change(s) nere: (Attach adaitional sheets, i) necessary.)