

L12000102622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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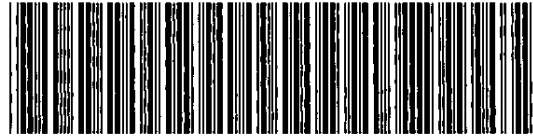
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

NOV 14 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Related Construction Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Delitza Villanuel - Leusa
Name of Person

Related Construction Services, LLC
Firm/Company

28 W Flader St. Ste. 500
Address

Miami FL 33130
City/State and Zip Code

delitza@relatedconstruction.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delitza at (305) 300 9130
Name of Person Area Code & Daytime 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:
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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Related Construction Services, LLC

(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 03/09/2012 and assigned Florida document number 12000102622

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

Delitza Villanuel-Leasay
28 W. Flagler St. Ste. 500
Enter Florida street address
Miami, Florida 33130
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 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.

Delitza Villanuel-Leasay
If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|---|---|
| UGR | Delitza Villanuel-Leasay | 28 W. Flagler St. Ste. 500 Miami FL 33130 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| UGR | Arian Leasay | 28 W. Flagler St. Ste. 500 Miami FL 33130 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| UGR | Aime Leasay | 28 W. Flagler St. Ste. 500 Miami FL 33130 | <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

October 31

2012

Signature of a member or authorized representative of a member

Delitza Villarroel-Lecusay

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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